SCHOOL OF TECHNOLOGY
Post-Graduate Diploma in Management Information Systems (PG. Dip. MIS) Programme
Referee Report Form

I. This section is to be completed by the applicant
After filling out this section, please give this form to one of your referees.

Applicant's Name

Applicant’s Address

City/Country  Programme of Study

Date of Birth

Telephone Number :  Fax Number:

Email

I hereby authorize the appropriate person(s) to provide the information requested in this document.

Applicant’s Signature  Date

II. This section is to be completed by the referee
GIMPA would appreciate your assessment of the applicant's qualities. The Institute will use your appraisal only in the evaluation of the participant's admission and its confidentiality will be safeguarded.

Please complete this form as soon as possible. Seal it in an envelope, sign across the seal to ensure confidentiality and return to the applicant.

1. General Rating
Please indicate your opinion of this applicant in the context in which you know him or her:
Your assessment should be indicated in each case by ticking of the appropriate check box:

1.1 In your view, how does the applicant rate on the following personal characteristics?

Motivation

☐ Very High  ☐ High  ☐ Above Average  ☐ Average  ☐ Below Average  ☐ Low  ☐ Very Low  ☐ Not Known

Self Discipline

☐ Very High  ☐ High  ☐ Above Average  ☐ Average  ☐ Below Average  ☐ Low  ☐ Very Low  ☐ Not Known

Leadership

☐ Very High  ☐ High  ☐ Above Average  ☐ Average  ☐ Below Average  ☐ Low  ☐ Very Low  ☐ Not Known

Self-Confidence

☐ Very High  ☐ High  ☐ Above Average  ☐ Average  ☐ Below Average  ☐ Low  ☐ Very Low  ☐ Not Known

Maturity

☐ Very High  ☐ High  ☐ Above Average  ☐ Average  ☐ Below Average  ☐ Low  ☐ Very Low  ☐ Not Known

Academic Ability

☐ Very High  ☐ High  ☐ Above Average  ☐ Average  ☐ Below Average  ☐ Low  ☐ Very Low  ☐ Not Known
1.2 Please indicate how well the applicant is known to you:

☐ Known only through Records  ☐ Seen occasionally  ☐ Known personally

1.3 Please indicate how long you have known the applicant:

☐ Less than 1 year  ☐ 1-3 Years  ☐ More than 3 years

1.4 The applicant has been known to you as a:

☐ Student  ☐ Subordinate  ☐ Colleague  ☐ Friend  ☐ Acquaintance

2. Specific Comments

2.1 What do you see as the personal strengths of the applicant?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2.2 In your view, what weakness might the applicant show?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2.3 GIMPA would appreciate your overall assessment of the applicant’s academic capabilities:

________________________________________________________________________

________________________________________________________________________

3. The Referee:

Referee’s Name

Organisation

Position

Address

Region/City/Country

Contact Phone Number:  Fax Number

Referee’s Signature  Date

E-mail: