

## Reference Form for Admission to Postgraduate Study

## SECTION 1: TO BE COMPLETED BY THE APPLICANT

Surname/Family Name:Forenames/First Names:	on (on-track) number, if known:
Forenames/First Names:	
	Title:
	Date of Birth:
PROPOSED STUDY:	
Taught Programme:	
Course Title:	
Tick Qualification Aim:	MA MSc LLM PG Diploma PG Certificate MRes
Research Programme:	
Proposed Title of Research	or Topic/Area of Interest:
Tick Qualification Aim:	MPhil PhD EngD/DProf MD MA/MSc/LLM by Research
questions below. We thank Please supply the following	eral statement about the applicant's ability and suitability for the programme stated above, and answer the k you in advance for your assistance.  g details and complete Section 3 overleaf capacity have you known the applicant?
2. Have you taught the ap	plicant yourself and, if so, what subject and for how long?
	yelicant yourself and, if so, what subject and for how long?  yet graduated, what class or grade do you expect them to obtain?

## **SECTION 3: TO BE COMPLETED BY ALL REFEREES**

Please give your written reference here ( suitability for postgraduate study.	or attach a statement on	official headed pape	er) to enable us to evo	aluate the applicant's	
This reference is no longer confidential and c	ould be seen by the applica	nt during the application	on process.		
Please continue on separate sheet of paper if i	necessary.				
f the applicant's first language is not Eng relevant boxes below:	lish, please comment of l	nis/her level of Engli	sh Language proficie	ncy by placing a tick in the	
cictain boxes below.					
MONTHALO	EXCELLENT	GOOD	FAIR	POOR	
WRITING LISTENING COMPREHENSION					
SPEAKING COMI REFIEROSION					
READING					
			-		
Name of referee (in capitals):	Signature:				
Position held:	Date:				
Organisation/Institution Name and Add	ress:				
Email address:					

Please return completed form directly to: Postgraduate Admissions Office, Swansea University, Singleton Park, Swansea SA2 8PP, email: postgraduate.admissions@swansea.ac.uk