



# REFERENCE FOR MPhil/PhD or DrPH APPLICATION

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE

PLEASE COMPLETE ALL SECTIONS. PLEASE WRITE CLEARLY IN BLOCK CAPITALS.  
We recommend that this reference is sent in a sealed envelope with your application  
in order to avoid a delay in the decision.

## APPLICANT DETAILS (Applicant should complete this section and send to Referee)

Family Name \_\_\_\_\_

Other Names \_\_\_\_\_

Department applied to \_\_\_\_\_

Date of Birth \_\_\_\_\_ day/month/year      Planned Start Date \_\_\_\_\_ month/year

## REFEREE TO COMPLETE (Please complete both sides)

The above student is applying to this School for admission to an MPhil/PhD/DrPH programme. To help us in the selection process, please complete both sides of this form.

### APPLICANT INFORMATION

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_  
(e.g. student/employee)

### REFEREE INFORMATION

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Organisation \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ASSESSMENT

Please assess the applicant on a scale of 5 (highest) to 1 (lowest) in relation to the following criteria.  
Please circle the appropriate number.

	Excellent	Very Good	Good	Fair	Poor	Unable to comment
Intellectual ability	5	4	3	2	1	0
Written communication skills	5	4	3	2	1	0
Oral communication skills	5	4	3	2	1	0
Ability to meet deadlines	5	4	3	2	1	0
Ability to organise workload	5	4	3	2	1	0
Ability to work independently	5	4	3	2	1	0
Ability to produce original work	5	4	3	2	1	0
Numerical/mathematical ability	5	4	3	2	1	0
English language ability	5	4	3	2	1	0
Motivation	5	4	3	2	1	0
<b>OVERALL ASSESSMENT</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

## WRITTEN COMMENTS

**Please comment in writing on the applicant. We would be grateful if your comments could include:**

- Your opinion of the applicant's suitability for the programme.  
(Details of all courses are at: [www.lshtm.ac.uk/courses](http://www.lshtm.ac.uk/courses))
- Their previous research experience.
- If you know/knew the applicant academically, their final Degree classification, final year rank, grade or overall GPA they obtained/are expected to obtain, or details of their overall academic performance and whether you consider this to be a true reflection of their ability.
- If you know/knew the applicant as their employer, an outline of their responsibilities and an assessment of their performance in the workplace.

If you wish to write your comments on a separate sheet of paper, please cross through this section.  
Comments must be written on headed paper.

**If you require more space, please attach a separate sheet of headed paper.**

## OVERALL RECOMMENDATION

Please tick one of the following:

- I strongly recommend this applicant for the programme of study
- I recommend the applicant for the programme of study
- I do not recommend the applicant for the programme of study
- I am unable to comment

## USE OF INFORMATION

Under the Data Protection Act 1998, applicants and students have a right to see any reference held on file. If this will affect your reference, please contact the Deputy Registrar at the address below.

Please tick this box if you do **NOT** want the School to pass this reference to a third party or organisation if it is required for an application for a scholarship or award.

**Thank you for completing this form. Please return this reference to the applicant in a sealed envelope or directly to:**

The Registry, London School of Hygiene & Tropical Medicine, 50 Bedford Square, London, WC1B 3DP, United Kingdom.  
Or by fax to +44 (0) 20 7323 0638 or as an e-mail attachment to: [registry@lshtm.ac.uk](mailto:registry@lshtm.ac.uk)