



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 _____
Faculty 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 _____
Email _____ 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
OVERALL ASSESSMENT	5	4	3	2	1	0

PLEASE TURN OVER

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)
- 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 Head of Registry Services 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, Keppel Street, London WC1E 7HT, United Kingdom.
Or by fax to +44 (0) 20 7299 4656 or as an email attachment to: registry@lshtm.ac.uk



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