## Maryvale Institute



**Higher Institute of Religious Sciences**

**Reference Request Form**

**TO BE GIVEN TO YOUR REFEREE**

*(To be completed by the applicant)*

NAME OF APPLICANT ..............................................................................................

COURSE APPLIED FOR.............................................................................................

This person is applying to enter the above degree programme of Maryvale Institute and has been asked to arrange for the submission of two supporting references. Thank you for being willing to give a reference for this applicant. Please complete this form and return it as soon as possible to:

##### Undergraduate Administrator, via email to undergrad@maryvale.ac.uk

1. In what capacity have you come to know this applicant? (e.g. as a personal friend, employee, colleague, student etc.)

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1. How long have you known the person?

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1. What is your candid assessment of the applicant’s personal qualities and suitability for academic study at undergraduate level? It would be helpful to refer to his/her intellectual abilities and commitment to independent academic work undertaken at home.

Please continue overleaf if you wish.

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Your contact details for verification if needed:

Address: …………………………………………………………………………………… ……………………………………………………………………..………………………

Telephone Number: ……………………………Email contact: …………………………

Referee Signature: …………………………… Print Name……………………………

Date of reference: ………………………….………………