The candidate whose name is given below wishes to undertake post-graduate study in the University. The University would be very grateful for your commitment on the candidate’s suitability for this programme.

Please return the completed form directly to:

OFFICE OF THE DVC ACADEMIC, RESEARCH & EXTENSION
MOI UNIVERSITY, P.O. BOX 3900, ELDORET, KENYA

SECTION A: (To be completed by the candidate)
1. Name of candidate …………………………………………………………………………………………………………..
(Surname first and other names in full)
……………………………………………………………………………………………………………………………………………………………..
(Maiden name if applicable)
2. Degree applied for…………………………………………………………………………………………………………………
3. Department/School to which application is being made……………………………………………………………………
4. Field of Study…………………………………………………………………………………………………………………………

SECTION B: (To be completed by the Referee)
5. How long and in what capacity, have you known the candidate? …………………………………………………
……………………………………………………………………………………………………………………………………………………………..
6. Please rate the candidate on the following characteristics:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Excellent</th>
<th>V. Good</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual capability</td>
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<tr>
<td>Capacity for persistent and independent study</td>
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<tr>
<td>Ability for initiative and imaginative thought</td>
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<tr>
<td>Promise of productive scholarship</td>
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<tr>
<td>Quality and quantity of previous work</td>
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<tr>
<td>Oral and written expression in English</td>
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</tbody>
</table>
7. On the following scale, please rank the candidate academically among the students you have known:

- [ ] Top 10%
- [ ] Top 25%
- [ ] Average
- [ ] Below average

8. Comment on the candidate's proficiency in other languages (if known)

.................................................................
.................................................................
.................................................................

9. Comment freely on the candidate:

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.................................................................
.................................................................

10. ................................................................. .................................................................
Name of Referee (in block capitals) Signature of Referee

................................................................. .................................................................
Official status Date

.................................................................
Address .................................................................

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N.B. The referee should return the completed form directly to:

OFFICE OF THE DVC ACADEMIC, RESEARCH & EXTENSION
Post Graduate Admissions,
Moi University,
P.O. Box 3900,
Eldoret, KENYA