APPLICATION FOR ADMISSION AS A HIGHER DEGREE CANDIDATE
TO THE MASTER OF DENTAL SURGERY RESIDENCY TRAINING PROGRAMME

ACADEMIC REFEREE REPORT

PART I: TO BE COMPLETED BY APPLICANT:

Please insert your name below and pass a copy of this form to each of your referees.

Name of applicant: _______________________________________________________

Residency Training Programme applied for (pls indicate accordingly):

☐ Endodontics   ☐ Orthodontics   ☐ Oral & Maxillofacial Surgery
☐ Periodontology ☐ Prosthodontics

PART II: TO BE COMPLETED BY REFEREE

NOTE TO REFEREE:
The person named above is applying for admission to the University to undertake a full time residency training programme leading to a postgraduate degree. The University would appreciate receiving a confidential report from you on the applicant. You may write your report on the reverse side of this form. Please use a separate sheet if necessary.

1. How long have you known the applicant and in what capacity?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

2. Among the students at a similar level you have known in recent years, how would you rate the applicant? (Please tick (✓) the appropriate box.)

☐ highest 5%       ☐ next highest 25%
☐ next highest 5%  ☐ lowest 50%
☐ next highest 15% ☐ unable to judge

3. How would you rate the applicant’s proficiency in English in reading and writing and in spoken English (i.e. excellent, good, fair)?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
4. Personal Report on Applicant:

| Signature: | ___________________________ | Date: ________________ |
| Name of Referee: | ______________________________________________________ |
| Designation: | ______________________________________________________ |
| Address: | ______________________________________________________ |
| E-mail address: | ______________________________________________________ |