

EMPLOYER OR PROFESSIONAL REFEREE REPORT FOR RESEARCH CANDIDATURE

Referees must return this form directly to the Graduate Research Office

Applicant Details

Complete the section below and then applicant must send one copy of this form to EACH OF the referees nominated on the application form. These referees should be closely associated with the applicant's recent work.

| | |
|---------------------|--------------|
| Surname: | Given Names: |
| Degree Applied for: | |
| Area of Study: | |

Referee Details

Please complete and send this form to Graduate Research Office.

| |
|--------------|
| Full Name |
| Position |
| Organisation |
| Address |

| | | | |
|---|-----|--|----|
| How long have you know the applicant? | | | |
| Are you the applicants work supervisor? | Yes | | No |

| |
|--|
| If no, please indicate on what grounds you feel competent to comment on the applicant. |
|--|

If applicable, describe briefly the work undertaken by the applicant while employed by your organisation or while professionally known to you. Indicate degree of responsibility and level of work.

Based on the applicant's proficiency in his/her present work, the relevance of proposed studies, and the applicant's future potential, please indicate your assessment in the following terms:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Experience has provided excellent preparation for the proposed course. |
| <input type="checkbox"/> | Experience has provided useful preparation for the proposed course. |
| <input type="checkbox"/> | Experience not relevant to the proposed course. |

Based on the knowledge of the applicant's work and personality, the applicant's performance in the course is likely to be in the top

| Top 10% Outstanding | Top 20% Excellent | Top 40% Good | Average | Unable to comment |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Referee's Comments

Please supply comments which you think will assist in assessing the applicant's ability to complete the program applied for

| | |
|---------------------|-------|
| Referee's Signature | Date: |
|---------------------|-------|

Please return this form to:
 Graduate Research Office,
 Environmental Science Building Rm 2.058
 Murdoch University, Murdoch WA 6150
 or via e-mail to graduateresearchdegrees@murdoch.edu.au