ACADEMIC REFEREE’S CONFIDENTIAL APPRAISAL FORM

A. TO THE REFEREE

The candidate named below has applied for admission to a graduate programme at the Institute of Local Government Studies. Your completion of this confidential appraisal form will aid us greatly in our assessment of the applicant.

PLEASE RETURN DIRECTLY TO:

THE REGISTRAR
INSTITUTE OF LOCAL GOVERNMENT STUDIES (ILGS)
P.O. BOX LG 549
LEGON, ACCRA, GHANA

(IT WOULD BE GREATLY APPRECIATED IF YOU COULD, AS SOON AS POSSIBLE, TAKE ACTION ON THIS FORM, BECAUSE WITHOUT A REFEREE’S REPORT AN APPLICATION IS DEEMED INCOMPLETE AND SHALL NOT BE CONSIDERED)

B. TO BE COMPLETED BY CANDIDATE (please specify)

Applicant’s name: ……………………………………………………………………………………………………………………………………………………

Programme applied for: …………………………………………………………………………………………………………………………………………………

C. TO BE COMPLETED BY REFEREE

I. I HAVE KNOWN THE APPLICANT FOR ………… YEARS AND …………… MONTHS IN THE FOLLOWING CAPACITY ……………………………………

II. I WOULD RECOMMEND THE APPLICANT’S ADMISSION
[ ] Without reservation [ ] With some reservation [ ] Not at all

III. BY COMPARISON WITH OTHER STUDENTS WITH WHOM I HAVE BEEN ASSOCIATED DURING THE PAST …………… YEAR(S), I WOULD RANK THIS APPLICANT’S APTITUDE FOR GRADUATE STUDIES AS follows

[ ] Among the top 5% [ ] among the top 10% [ ] Among the top 25%
[ ] Among the top 50% [ ] Among the lower 50%
IV. PLEASE COMPARE THE CANDIDATE WITH OTHER STUDENTS

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Below Average</th>
<th>No Good Basis for Judgment</th>
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<tr>
<td>Academic Achievement</td>
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<tr>
<td>Academic Potential and ability to apply theory to practice</td>
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<tr>
<td>Intellectual ability</td>
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<tr>
<td>Aptitude for Research</td>
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<tr>
<td>Originality and Imaginative Thought</td>
<td></td>
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<tr>
<td>Writing Ability</td>
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<tr>
<td>Oral Ability</td>
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<tr>
<td>Industry &amp; Resourcefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Commitment</td>
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V. IN THE SPACE BELOW, PLEASE INDICATE YOUR GENERAL ASSESSMENT OF THE CANDIDATE AND ANY OTHER COMMENTS THAT YOU MAY WISH TO MAKE

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REFEREE’S NAME AND SIGNATURE:……………………………………………………………………

DEPARTMENT/STAMP OF INSTITUTION:………………………………………………………………

POSITION:…………………………………………………………………………………………

TEL/E-MAIL ADDRESS:………………………………………………………………………………

DATE:………………………………………………………………………………………………
PROFESSIONAL REFEREE’S CONFIDENTIAL APPRAISAL FORM

A. TO THE REFEREE
The candidate named below has applied for admission to a graduate programme at the Institute of Local Government Studies. Your completion of this confidential appraisal form will aid us greatly in our assessment of the applicant.

PLEASE RETURN DIRECTLY TO:

THE REGISTRAR
INSTITUTE OF LOCAL GOVERNMENT STUDIES (ILGS)
P.O.BOX LG 549
LEGON, ACCRA, GHANA

(IT WOULD BE GREATLY APPRECIATED IF YOU COULD, AS SOON AS POSSIBLE, TAKE ACTION ON THIS FORM, BECAUSE WITHOUT A REFEREE’S REPORT AN APPLICATION IS DEEMED INCOMPLETE AND SHALL NOT BE CONSIDERED)

B. TO BE COMPLETED BY CANDIDATE (please specify)

Applicant’s name: ..................................................................................................................................................

Programme applied for: ...........................................................................................................................................

C. TO BE COMPLETED BY REFEREE

I. I HAVE KNOWN THE APPLICANT FOR .......... YEARS IN HIS/HER CAPACITY AS

THE ......................................................................................................................................................................

II. I WOULD RECOMMEND THE APPLICANT’S ADMISSION

[ ] Without reservation [ ] With some reservation [ ] Not at all
IV. PLEASE COMPARE THE CANDIDATE WITH OTHER COLLEAGUES

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<tr>
<th></th>
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<th>Below Average</th>
<th>No Good Basis for Judgment</th>
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<td>Applicants ability to</td>
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<td>apply theory to practice</td>
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<tr>
<td>Professional ability</td>
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REFEREE’S NAME AND SIGNATURE: .................................................................

STAMP OF INSTITUTION: ...................................................................................

POSITION: ...........................................................................................................

TEL/E-MAIL ADDRESS ...........................................................................................

DATE: ....................................................................................................................
VERY IMPORTANT: Attach a one-page objective statement to the application.