

REFERENCE



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PLEASE WRITE IN BLOCK CAPITALS AND USE BLACK INK

To be completed by the applicant

Title (eg Mr/Mrs/Miss/Ms):	Given Names:	Family Name:
Address:		
Proposed Course:		

To be completed by the Academic Referee

The applicant who has asked you to act as a referee is applying to enter the University of Buckingham for a degree course. We would be grateful to have your assessment of his / her ability to follow a course of study at University level, including an assessment of the candidate's motivation and any special factors you feel we should take into account.

Title:	Given Name:	Family Name:
Address:		
Tel No:	Email Address:	
Length of time you have known the applicant:		
In what capacity:		

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Please write your assessment here and return the completed form to the address shown at the beginning of this section.

School or College Stamp:

Signature:

Date: