

LAIKIPIA

P.O. Box 1100-20300,
NYAHURURU,
KENYA



UNIVERSITY

TEL: 0202671779; 0202671771
bupgs@laikipia.ac.ke;
http://www.laikipia.ac.ke

OFFICE OF THE DIRECTOR GRADUATE SCHOOL

Ref:.....

Date:.....

REFEREE'S CONFIDENTIAL REPORT

SECTION A: (To be completed by the candidate).

1. NAME OF CANDIDATE (Surname first and other names in full):

.....

2. DEGREE APPLIED FOR:

.....

3. DEPARTMENT/FACULTY/INSTITUTE/SCHOOL TO WHICH THE APPLICATION IS BEING MADE:

.....

4. FIELD OF STUDY.....

.....

SECTION B: (To be completed by the Referee)

5. FOR HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE CANDIDATE?

.....

Vision: A University for valued transformation of society.

Mission: To serve the students and society through research, education, scholarship, training, outreach and consultancy.

LAIKIPIA UNIVERSITY IS ISO 9001:2008 CERTIFIED



6. PLEASE RATE THE CANDIDATE ON THE CHARACTERISTICS LISTED BELOW

	Excellent	Very Good	Good	Average	Below Average	Unable to asses
Intellectual Capacity						
Capacity for persistence and independent study						
Ability for initiative and Imaginative thought						
Promise of Productive Scholarship						
Quality and quantity Of previous work						
Oral and Written Expression in English						

7. ON THE FOLLOWING SCALE, PLEASE RANK THE CANDIDATE AMONG THE STUDENTS YOU HAVE KNOWN

Top 10%
 Top 25%
 Top AVERAGE
 BELOW AVERAGE

8. COMMENT FREELY ON THE CANDIDATE: (Use additional Sheet if necessary)

.....

9. NAME OF REFEREE (in block capitals):.....
 OFFICIAL STATUS: INSTITUTION.....
 ADDRESS:.....
 TELEPHONE:..... Email:.....

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

**The Director Graduate School,
 Laikipia University,
 P. O. Box 1100- 20300
 NYAHURURU, KENYA.**

