

# REFERENCE FORM APPLICATION TO STUDY

Please complete all sections. Please write clearly in BLOCK CAPITALS.  
Please ensure that you read carefully the How to Complete the Application Form section.

LONDON  
SCHOOL *of*  
HYGIENE  
& TROPICAL  
MEDICINE



## APPLICANT DETAILS (Applicant should complete this section and send to Referee)

Family name: \_\_\_\_\_ Other names: \_\_\_\_\_  
 Course applied for: \_\_\_\_\_  
 Date of birth: DD/MM/YYYY \_\_\_\_\_ Year of entry: YYYY \_\_\_\_\_

## REFEREE TO COMPLETE

(Please complete both sides)

The above student is applying to this School for admission to an MSc/PhD/MPHil/DrPH course (delete as appropriate). To help us in the selection process, please complete both sides of this form.

### Applicant information

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? (e.g. student/employee) \_\_\_\_\_

### Referee information

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE TURN OVER

## ASSESSMENT

Please assess the applicant on a scale of 5 (highest) to 1 (lowest) in relation to the following criteria. Please tick the appropriate box.

EXCELLENT    VERY GOOD    GOOD    FAIR    POOR    UNABLE TO COMMENT

### Intellectual ability

5     4     3     2     1     0

### Written communication skills

5     4     3     2     1     0

### Oral communication skills

5     4     3     2     1     0

### Ability to meet deadlines

5     4     3     2     1     0

### Ability to work independently

5     4     3     2     1     0

### Ability to produce original work

5     4     3     2     1     0

### Numerical/mathematical ability

5     4     3     2     1     0

### English language ability

5     4     3     2     1     0

### Motivation

5     4     3     2     1     0

### Overall assessment

5     4     3     2     1     0

## WRITTEN COMMENTS

Please comment in writing on the applicant. We would be grateful if your comments could include:

- Your opinion of the applicant's suitability for the course. (Details of all courses are at: [www.lshtm.ac.uk/study](http://www.lshtm.ac.uk/study));
- Their previous research experience;
- If you know/knew the applicant academically, their final Degree classification, final year rank, grade or overall GPA they obtained/are expected to obtain, or details of their overall academic performance and whether you consider this to be a true reflection of their ability;
- If you know/knew the applicant as their employer, an outline of their responsibilities and an assessment of their performance in the workplace.

If you wish to write your comments on a separate sheet of paper, please cross through this section.

Comments must be written on headed paper.

If you require more space, please attach a separate sheet of headed paper.

## OVERALL RECOMMENDATION

Please tick one of the following

- I strongly recommend this applicant for the programme of study
- I recommend the applicant for the programme of study
- I do not recommend the applicant for the programme of study
- I am unable to comment

## USE OF INFORMATION

Under the Data Protection Act 1998, applicants and students have a right to see any reference held on file. If this will affect your reference, please contact the Head of Registry Services at the address below.

Please tick this box if you do **NOT** want the School to pass this reference to a third party or organisation if it is required for an application for a scholarship or award.

**Thank you for completing this form. Please return this reference to the applicant in a sealed envelope or directly to:**

Registry, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom.  
Or by fax to +44 (0) 20 7299 4656 or as an email attachment to: [registry@lshtm.ac.uk](mailto:registry@lshtm.ac.uk)

# REFERENCE FORM APPLICATION TO STUDY

Please complete all sections. Please write clearly in BLOCK CAPITALS.  
Please ensure that you read carefully the How to Complete the Application Form section.

LONDON  
SCHOOL *of*  
HYGIENE  
& TROPICAL  
MEDICINE



## APPLICANT DETAILS (Applicant should complete this section and send to Referee)

Family name: \_\_\_\_\_ Other names: \_\_\_\_\_  
 Course applied for: \_\_\_\_\_  
 Date of birth: DD/MM/YYYY \_\_\_\_\_ Year of entry: YYYY \_\_\_\_\_

## REFEREE TO COMPLETE

(Please complete both sides)

The above student is applying to this School for admission to an MSc/PhD/MPHil/DrPH course (delete as appropriate). To help us in the selection process, please complete both sides of this form.

### Applicant information

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? (e.g. student/employee) \_\_\_\_\_

### Referee information

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE TURN OVER

## ASSESSMENT

Please assess the applicant on a scale of 5 (highest) to 1 (lowest) in relation to the following criteria. Please tick the appropriate box.

EXCELLENT    VERY GOOD    GOOD    FAIR    POOR    UNABLE TO COMMENT

Intellectual ability

5     4     3     2     1     0

Written communication skills

5     4     3     2     1     0

Oral communication skills

5     4     3     2     1     0

Ability to meet deadlines

5     4     3     2     1     0

Ability to work independently

5     4     3     2     1     0

Ability to produce original work

5     4     3     2     1     0

Numerical/mathematical ability

5     4     3     2     1     0

English language ability

5     4     3     2     1     0

Motivation

5     4     3     2     1     0

**Overall assessment**

5     4     3     2     1     0

## WRITTEN COMMENTS

Please comment in writing on the applicant. We would be grateful if your comments could include:

- Your opinion of the applicant's suitability for the course. (Details of all courses are at: [www.lshtm.ac.uk/study](http://www.lshtm.ac.uk/study));
- Their previous research experience;
- If you know/knew the applicant academically, their final Degree classification, final year rank, grade or overall GPA they obtained/are expected to obtain, or details of their overall academic performance and whether you consider this to be a true reflection of their ability;
- If you know/knew the applicant as their employer, an outline of their responsibilities and an assessment of their performance in the workplace.

If you wish to write your comments on a separate sheet of paper, please cross through this section.

Comments must be written on headed paper.

If you require more space, please attach a separate sheet of headed paper.

## OVERALL RECOMMENDATION

Please tick one of the following

- I strongly recommend this applicant for the programme of study
- I recommend the applicant for the programme of study
- I do not recommend the applicant for the programme of study
- I am unable to comment

## USE OF INFORMATION

Under the Data Protection Act 1998, applicants and students have a right to see any reference held on file. If this will affect your reference, please contact the Head of Registry Services at the address below.

Please tick this box if you do **NOT** want the School to pass this reference to a third party or organisation if it is required for an application for a scholarship or award.

**Thank you for completing this form. Please return this reference to the applicant in a sealed envelope or directly to:**

Registry, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom.  
Or by fax to +44 (0) 20 7299 4656 or as an email attachment to: [registry@lshtm.ac.uk](mailto:registry@lshtm.ac.uk)