

ALUPE UNIVERSITY COLLEGE

(A CONSTITUENT COLLEGE OF MOI UNIVERSITY)

OFFICE OF THE DEPUTY PRINCIPAL ACADEMICS, STUDENT AFFAIRS & RESEARCH

REFEREE'S CONFIDENTIAL REPORT

The candidate whose name is given below wishes to under take post-graduate studies in Alupe University College. The University College would be very grateful for your comment on the candidate's suitability for this programme.

Please return the completed form directly to:

**OFFICE OF THE DEPUTY PRINCIPAL ACADEMICS, STUDENT AFFAIRS &
RESEARCH**

ALUPE UNIVERSITY COLLEGE, P.O. BOX 845-50400 BUSIA, KENYA.

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

1. Name of candidate.....
(Surname first and other names in full)
.....
(Maiden name if applicable)
2. Degree applied for.....
3. Department/School to which application is being made.....
4. Field of Study.....

SECTION: B. (To be completed by the Referee)

5. How long and in what capacity, have you known the candidate?.....
.....

6. Please rate the candidate on the following characteristics:

