

Department Recommendation Referee

Referee

Please attach a signed reference from your tutor and ask your tutor to have it countersigned by the head of department.

The reference must include the following:

1. Please tick the box if Yes or No

Department recommendation	Yes	No
Has the student successfully completed part one of their course?	<input type="checkbox"/>	<input type="checkbox"/>
Has this student had to repeat their 2nd year?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had to resit any modules?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any issues with the student's attendance?	<input type="checkbox"/>	<input type="checkbox"/>

2. Why are you recommending this student? Please include as much detail as possible, your recommendation is a key element in the selection process.

Click or tap here to enter text

3. Please give detailed indication of the student's potential academic performance.

Click or tap here to enter text.

Personal Tutor		Head of Department	
Printed name		Printed name	
Signature		Signature	
Date		Date	