



**Department of Computer Science  
Faculty of Science  
University College Dublin  
National University of Ireland**



## Postgraduate Referee Report

**APPLICANT: PLEASE COMPLETE THE FOLLOWING**

Postgraduate Programme:    H. Dip.     M.Sc.     Ph.D.

Applicant name \_\_\_\_\_ Referee Name \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**REFEREE: PLEASE COMPLETE THE FOLLOWING**

- An application for admission to UCD requires evaluation from two teachers or people capable of judging the professional and academic promise of the applicant.
- Please use the reverse side of this form for any further comments.
- Please return this form by post to: Postgraduate Director, Computer Science Department, University College Dublin, Dublin 4, Ireland; e-mail: cs.postgrad@ucd.ie; fax: +353-1-269-7262

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

2. Please rate the applicant in comparison with others whom you have known at similar stages in their careers.

	Exceptional Upper 5%	Outstanding Next 15%	Very Good Next 15%	Good Next 15%	Next 50%	No basis for judgment
Knowledge in chosen field						
Motivation/perseverance towards goals						
Ability to work independently						
Ability to express thoughts in speech and writing						
Ability to plan and conduct research						
Ability to get on well with peers						

3. Please indicate the strength of your overall endorsement by placing an "X" along the following scale:

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Highly recommended                  Recommended                  Recommended with some reservations                  Not recommended

Referee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

