



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 second page of this form for any further comments.
- Please return this form by post to: Course Director, M.Sc. in Computer Science (Conversion) Course, School of Computer Science & Informatics, University College Dublin, Belfield, Dublin 4, Ireland; E-mail: csi.secretary@ucd.ie; Fax: +353-1-2697262

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%	No basis Next 50% 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: _____

