

CONFIDENTIAL

Yong Loo Lin School of Medicine
Division of Graduate Medical Studies



REFEREE'S REPORT

Name of applicant: _____

Degree applied for: **MASTER OF PUBLIC HEALTH**

Note to referee:

The person named above is applying for admission into the Master of Public Health program conducted by the Division of Graduate Medical Studies, National University of Singapore. The Division would appreciate receiving a confidential report from you on the applicant. All information will be kept confidential.

Please send your report in a sealed envelope bearing your signature across the seal, to: Course Administrator, Master of Public Health, Division of Graduate Medical Studies, National University of Singapore, MD 5, Level 3, 12 Medical Drive, Singapore 117598. Thank you.

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

< 1 year

1-5 years

> 5 years

Capacity:

2. Among the staff at a similar level you have known in recent years, how would you rate the applicant?

Exceptional (highest 5%)

Average (next highest 25%)

Outstanding (next highest 5%)

Below Average (lowest 50%)

Above average (next highest 15%)

Unable to judge

3. How would you rate the applicant's proficiency in English?

Reading

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor

Written

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor

Spoken

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor

4. What is your recommendation concerning admission?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

The applicant has my highest recommendation

I recommend the applicant with confidence

I recommend the applicant with some reservation

I do not recommend the applicant

5. Personal report on the applicant

Name of referee: _____ Relationship to applicant: _____

Designation: _____ Organization: _____

E-mail Address: _____

Mailing address: _____

Contact
Number: _____

Signature: _____ Date: _____