SECTION A (TO BE FILLED IN BY THE APPLICANT)
Please fill in this section before forwarding it to your referee

i) NAME OF APPLICANT

ii) DEGREE APPLIED FOR

iii) METHOD OF STUDY
   a) Course Work examination and Project
   b) Course Work Examination and Thesis
   c) Research and thesis

DEPARTMENT/INSTITUTE/SCHOOL

REFEREE’S NAME AND ADDRESS

Applicant’s Signature

Date

SECTION B (TO BE FILLED IN BY REFEREE)

The above named individual is applying for graduate study at the Kenya Polytechnic University College.

The University College attaches great importance to the testimony of faculty members and others qualified to make academic judgment on the applicant.

i) How long have you known the applicant?

ii) In what capacity
iii) Kindly Evaluate the applicant’s ability for the programme in the areas mentioned below. (Please type or print in all cases):

<table>
<thead>
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<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Maturity</td>
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<td>Motivation</td>
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<td>Diligence</td>
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<td>Ability to work with others</td>
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<td>Capacity for persistent and Independent Study</td>
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<td>Ability for initiative and imaginative thought</td>
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<td>Potential for productive scholarship</td>
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<td>Oral and written expression in English</td>
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</table>

iv) Please comment on any specific talents the applicant has demonstrated in research. Writing, teaching etc..........................................................................................................................
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v) Please comment on the applicant’s academic, personal, social and professional qualities which reflect his/her ability to do graduate work. ........................................................................................................................................
........................................................................................................................................
SIGNATURE ............................................................................................................................
OFFICIAL POSITION ................................................................................................................
ADDRESS .................................................................................................................................

Please return the completed form with your comment to:

Director, Directorate of Post Graduate Studies
Technical University of Kenya
P O BOX 52428, 00200
NAIROBI, KENYA