For Admission to Graduate Studies



UNIVERSITI TEKNOLOGI MARA

SECTION A: TO BE COMPLETED B	T THE APPLICANT		
Applicant's Name			
Identity Card No.			
Post Graduate Degree applied for			
Faculty			
Dronoced Decearch Area			
SECTION B: TO BE COMPLETED B			
One of whom must be an academic re	eferee)		
Nome of Defere			
Name of Refere:			
Title:			
1100			
Address of Organization:			
Phone Number:	Fax Numb	er:	
- "			
E-mail:			
1. Knowledge of the Applicant			
•			
Approximately how long have you l	known this applicant:	years	
How well do you know the applicar	ot? Places shock (//):		
•	` ,		
☐ Casually ☐Well [Very Well		
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In what capacity have you known the	• •	, ,	
☐ Lecturer ☐ Research A	dvisor	Other (specify)	
2. Evaluation: Please rank the app			
0 = Unable to rank		2 = Fair	
3 = Good	4 = Very Good	4 = Outstanding	

Others	Rank	Remarks
Knowledge in area of proposed study		
Ability to grasp new concepts		
Originality, intellectual creativity		
Mathematical & logical thought		
Written communication skills		
Oral communications skills		
Teaching ability (if known)		
Research ability (if known)		
Perseverance toward goals		
Maturity and emotional stability		
Ability to work well with others		
General preparation for post-graduate work		

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			cademic record, special abilities, ecommendation. <i>Please check</i> (✓)
Recommend Strongly	y		Recommend with reservation
Recommend			Cannot Recommend
Additional Comments: Potential to p			s which you feel will assist in evaluating
Signature:			Date:
Plea	ase mail this reco	mmen	dation directly to:
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