



THE AGA KHAN UNIVERSITY  
Institute for Educational Development, East Africa

## Master of Education Reference Form To be filled out by the referee

*Thank you for agreeing to provide a reference for the part-time Master of Education programme.  
Your input is most valuable.*

Full name of applicant: \_\_\_\_\_

Name of referee: \_\_\_\_\_

Address of referee: \_\_\_\_\_

Email of referee: \_\_\_\_\_

Current employer and job title: \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

For how many years have you known the applicant? \_\_\_\_\_

Please tick ONE of the boxes below:

I support the candidate's application for a place on the one-year full-time Master of Education programme **without reservation**.

I support the candidate's application for a place on the one-year full-time Master of Education programme **with reservations**

I **do not** support the candidate's application for a place on the one-year full-time Master of Education programme.

If you wish to give additional information about the candidate, please use the space overleaf:

Additional Information: \_\_\_\_\_ Candidate Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**THANK YOU FOR FILLING OUT THIS REFERENCE FORM**

When complete, please:

EITHER: put in a sealed envelope and return to the candidate

OR: send it to:

The Registrar's Office, AKU-IED East Africa,  
Salama House, Urambo Street,  
P.O. Box 125, Dar es Salaam, Tanzania.  
Email: [regoff.tz@aku.edu](mailto:regoff.tz@aku.edu)  
Tel: +255 (0) 22 215 0051