



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 one-year, full-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 18-month full-time Master of Education programme **without reservation**.

☐

I support the candidate's application for a place on the 18-month full-time Master of Education programme **with reservations**

☐

I **do not** support the candidate's application for a place on the 18-month 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 it 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
Tel: +255 (0) 22 2224800