Address: **Graduate Nursing Programme** The Graduate Programme Admission Office Office of the Registrar Reference Letter Aga Khan University **School of Nursing and Midwifery** Stadium Road, Karachi Pakistan **Instruction to Applicant** Complete all information requested in Section I. The completed reference form must be sent directly by the referee to the Admission Office in a sealed envelope or emailed at sonadmission.query@aku.edu **Section I:** To be completed by applicant Name of Applicant: Name of Referee: Address: Address: Telephone: \_\_\_\_\_ Cell#: \_\_\_\_ Institution: Telephone: \_\_\_\_\_ Cell#: \_\_\_\_ E-mail: E-mail: **Section II:** To be completed by referee 1. How long have you known the applicant? \_\_\_\_\_\_ 2. In what capacity have you known the applicant?

- 3. What do you consider to be the applicant's strengths?
- 4. What do you consider to be the applicant's weakness?

opportunity to observe"												
	Lowest 1 2		3	4	5	6	7	8	Hig 9	hest 10	Inadequate opportunity to observe	
Intellectual ability												
Verbal skills												
Writing skills												
Ability to plan and conduct research												
Motivation and perseverance towards goals												
Ability to work with others												
Self-reliant / Independence of thought												
Emotional maturity												
Industriousness												
Promise as a potential graduate student												
6. What is your conclusive eva	duation	n?										
☐ Highly recomm	Highly recommended											
☐ Recommended	Recommended											
☐ Do not recomm	end											
Thank you for your evaluation.												
Name:	Designation:											
Signature:	nature:				Date:							

5. Please evaluate the applicant by ticking the box under the number that most nearly represents your opinion. If you do not have the knowledge to make a definite rating, please tick "Inadequate