**POSTGRADUATE UNIT (PGU)**

**FACULTY OF ISLAMIC STUDIES AND ARABIC LANGUAGE**

**SOUTH EASTERN UNIVERSITY OF SRI LANKA**

**Referee Report**

**SECTION ‘A’ (To be completed by the Candidate)**

**Referee**  **Applicant**

|  |  |
| --- | --- |
| Name: ................................................................................ | Full Name: ........................................................................... ............................................................................ |
| Title: ................................................................................. | NIC No. of Candidate: ..................................................... |
| Institution: ..................................................................... |  |
| Mailing Address: ........................................................... ...........................................................  ........................................................... | Board of Study: .................................................................  .................................................................. (Must be the same as that shown-on application) |

**Proposed Postgraduate Program**

MPhil PhD

I, ........................................................ hereby waive my right of access to this reference report. ………………………

(Signature of applicant)

*(This form should be signed by applicant before sending to the referee)*

**SECTION ‘B’ (To be completed by the Referee)**

Please evaluate the applicant by placing a tick (√) after each characteristic that most nearly represents your opinion. Compare the applicant with a representative group of students qualified for graduate study whom you have known and who have had approximately the same amount of experience and training as the applicant. If you lack knowledge to make a definite rating, give your estimate of applicant’s ability, by checking the last column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Below Average**  | **Average** | **Good** | **Superior****(Top 10%)** | **Inadequate Opportunity to Observe** |
| a. Ability to master academic work |  |  |  |  |  |
| b. Ability in oral expression in Arabic |  |  |  |  |  |
| c. Ability to written expression in Arabic |  |  |  |  |  |
| d. Motivation |  |  |  |  |  |
| e. Emotional stability and maturity |  |  |  |  |  |
| f. Self-reliance and independence |  |  |  |  |  |

a. ………………………………………………… This student was enrolled in my class/es.

b. ……………………………………………….. I was this student’s undergraduate advisor/ project or research advisor.

c. ……………………………………………….. While I have not taught or advised the applicant, I have known the person for........... years.

d. ……………………………………………….. I supervised or directed the work of the applicant for .............years.

e. ……………………………………………….. I do not know this individual well enough to evaluate.

In the space below or by attachment, please add any comments which will assist in making a judgment as to whether the applicant should be admitted to the Postgraduate degree, Faculty of Islamic Studies and Arabic Language, South Eastern University, Sri Lanka.

.........................................

**Signature of Referee with official frank**

Date: ................................

Please enclose the confidential report in the envelope provided and sign after sealing it. **The signed envelope could be handed over to the applicant** who is required to mail it along with his/her application or may mail your recommendation directly to the address given below to reach the Institute on or before 31.10.2023.

**Assistant Registrar,**

**Faculty of Islamic Studies and Arabic Language,**

**South Eastern University of Sri Lanka**

**University Park, Oluvil # 32360**