



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

REFEREE'S REPORT -
CARIBBEAN CATASTROPHE RISK INSURANCE FACILITY (CCRIF)
GRADUATE SCHOLARSHIP

INSTRUCTIONS TO APPLICANTS

Referee reports must be submitted to *Secretary, Graduate Scholarship Committee, Campus Office of Graduate Studies and Research* in envelopes signed and sealed by the referee. **Your application cannot be considered without these reports.**

SECTION A – To be completed by Applicant

NAME _____

(BLOCK LETTERS)

FACULTY/SCHOOL: _____

DEPARTMENT: _____

PROGRAMME (for which you
are applying): _____

NAME OF SCHOLARSHIP: _____

SECTION B – To be completed by Referee

NAME OF REFEREE: _____

(BLOCK LETTERS)

ADDRESS: _____

INSTITUTION/COMPANY: _____

POSITION: _____

QUALIFICATIONS: _____

Please state how long you have known the applicant, and in what capacity (i.e. Academic Supervisor, Instructor, Employer, etc.)

Please give an academic assessment of the applicant and, in particular, his/her ability for graduate studies and research by placing a tick in the appropriate column:

	Outstanding	Above Average	Average	Poor	No Basis for Judgement
Ability to express himself/herself orally					
Ability to express himself/herself in writing					
Potential/ability to pursue postgraduate study					
Intelligence					
Initiative					
Emotional maturity					
Seriousness of purpose					

I would recommend the award of a graduate scholarship to this applicant:

- Very strongly Strongly
 With reservation I am unable to recommend this application for a graduate scholarship.

Please add in the space below, a personal assessment of the candidate and any further comments which you think may be relevant, and which could assist us in our evaluation of the application. Use additional paper if necessary.

Signature of Referee

Date