

APPLICANT REFERENCE REQUEST

This is the application form for the University of the Highlands and Islands’ postgraduate research project, funded by (enter funder details here)

**INSTRUCTIONS TO THE APPLICANT:** Please complete your name and project title below. This form should then be forwarded to each referee (one per referee) and **returned before the application deadline or as soon as possible thereafter.** Please make the referees aware of the deadline date.

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| **Name of applicant** |  |
| **Project title** |  |

**INSTRUCTIONS TO THE REFEREE:** Thank you for providing a reference for the above applicant. Please indicate his/her/their suitability for postgraduate research, if possible providing an assessment of the applicant’s academic work to date.

Please complete each section of this form, sign (actual signature preferred) and return to: phd@sams.ac.uk (with a subject header “Reference for applicant: \**name of applicant\**”)

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| **Name of Referee** |  |
| **Position held and relationship to applicant** |  |
| **Address and email address** |  |

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| **Signed** |  |
| **Date** |  |