

Reference Form for Admission to Postgraduate Study

SECTION 1: TO BE COMPLETED BY THE APPLICANT

Surname/Family Name:	on (on-track) number, if known:			
Forenames/First Names:	Title:			
	Date of Birth:			
PROPOSED STUDY:				
Taught Programme:				
Course Title:				
Tick Qualification Aim:	MA MSc LLM PG Diploma PG Certificate MRes			
Research Programme:				
Proposed Title of Research	or Topic/Area of Interest:			
Tick Qualification Aim:	MPhil PhD EngD/DProf MD MA/MSc/LLM by Research			
Section 3 overleaf, a gene questions below. We thank Please supply the following	olied to this University for admission as a postgraduate student. We would be grateful if you would give, in eral statement about the applicant's ability and suitability for the programme stated above, and answer the k you in advance for your assistance. g details and complete Section 3 overleaf capacity have you known the applicant?			
2. Have you taught the ap	plicant yourself and, if so, what subject and for how long?			
	pplicant yourself and, if so, what subject and for how long? yet graduated, what class or grade do you expect them to obtain?			

SECTION 3: TO BE COMPLETED BY ALL REFEREES

This reference is no longer confidential and could be seen by the applicant during the application process.						
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Please return completed form directly to: Postgraduate Admissions Office, Swansea University, Singleton Park, Swansea SA2 8PP, email: postgraduate.admissions@swansea.ac.uk