



THE CYPRUS INSTITUTE OF MARKETING LTD
Registered British Virgin Islands

Ph.D. (Doctoral) Degree Programs By Research
Academic Reference Request

A
Academic Referee

A. FOR APPLICANT'S USE

Please print your name and indicate your research area below and then pass the form to your business referee. Applications will not be considered unless the two references are enclosed in sealed envelopes that have been signed (across the seal) by the referee.

1.

SURNAME OR FAMILY NAME:	OTHER NAMES:
ADDRESS:	PROPOSED Ph.D. RESEARCH DEGREE AREA:

B. FOR FEFEREE'S USE

<p>2. HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?</p>
<p>3. WHAT IS YOUR ASSESSMENT OF THE APPLICANT'S ACADEMIC/INTELLECTUAL ABILITIES? (If the applicant has not yet graduated, please indicate your opinion as to the applicant's degree prospects. If the applicant has already graduated, please indicate whether the class of degree achieved was in line with your expectations of the applicant.)</p>
<p>4. WHAT IS YOUR ASSESSMENT OF THE APPLICANT'S MOTIVATION FOR SEEKING TO UNDERTAKE Ph.D. (DOCTORAL) BY RESEARCH? (In your opinion is the applicant suitably motivated towards and capable of undertaking research study?)</p>

5. PLEASE PROVIDE ANY FURTHER INFORMATION, THAT YOU FEEL MAY BE RELEVANT TO US, BELOW. This could include articles/books published by the applicant.

6. WHAT DO YOU CONSIDER TO BE THE APPLICANT'S MAIN STRENGTHS AND WEAKNESSES?

Strengths

Weaknesses

Thank you for assisting us in our selection process. Please sign the form below and place it in an envelope. Please seal the envelope and sign the envelope across the seal before returning it to the applicant. This will ensure the confidentiality of your reference. The applicant will forward the recommendation unopened to us with his or her application. We are aware of the time and care necessary to prepare this evaluation and gratefully acknowledge your assistance.

7.

REFEREE'S SIGNATURE:	DATE:
NAME:	POSITION:
ADDRESS:	
TELEPHONE:	FAX NUMBER:
EMAIL:	