



**THE CYPRUS INSTITUTE OF MARKETING LTD**  
Registered British Virgin Islands

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

**B**  
**Business 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.

SURNAME OR FAMILY NAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PROPOSED Ph.D. RESEARCH DEGREE AREA:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. FOR REFEREE'S USE**

1. How long have you known the candidate and in what connection?

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2. What do you consider his/her major talents or strengths?

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3. Do you consider the candidate capable of undertaking Ph.D. by research work?

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4. What do you consider his/her major liabilities or weaknesses?

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5. Has the candidate during his term of employment demonstrated leadership abilities?

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6. Does the applicant show any evidence of career, personality or emotional problems? If so, please explain:

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7. Please indicate how the applicant relates to the group in which you know him/her in:

a) intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) managerial ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outstanding (top 5%)	Very Good (top 15%)	Good (top third)	Average (middle third)	Poor (bottom third)

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.

Referee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_