TEL: +254 714 333 111
+254 717 333 111
WebSite www.ueab.ac.ke
Email: admissions@ueab.ac.ke
Postal Address: P.O. Box 2500,
ELDORET, KENYA 30100

University of Eastern Africa, Baraton
Evaluation Form for Graduate Studies

NAME OF APPLICANT (type or print)_____

Last Name **First Name** **Middle Name**

PROPOSED DEGREE PROGRAM: _____

TO THE APPLICANT: Provide the information requested above, then take or mail this form to a person who can correctly and rightly comment on your character and ability to pursue graduate studies. At least two forms must be completed by instructors who taught you in the college or university last attended, and the third one by the current or last employer, or your Religious Leader. Do not ask any of your relatives to fill this form. Ask the referees to return these forms to the Registrar as soon as possible or to give it to you in a sealed envelope so that you can mail them yourself. No application will be processed until all the required evaluation forms have been received by the Registrar of Admissions and Records.

Applicant's Signature ..... **Date** .....

TO THE EVALUATION REFEREE: The University will greatly appreciate a confidential assessment from you concerning this applicant.:

How long have you known this applicant? .....In what capacity have you known this applicant? .....

In comparison with other students you have known at similar stage of development, rate the applicant by checking the appropriate boxes.

AREAS OF ASSESSMENT	Excellent Top 5%	Very Good Top 10%	Good Top 25%	Average Upper 35%	Below Average Below 50%
Self-motivation for graduate study					
Potential or ability for graduate study					
Ability to carry out an independent research project					
Originality and imagination					
General knowledge					
Ability to meet deadlines					
Knowledge of proposed area of study					
Scholarly ability					
Intellectual ability					
Ethical Standards and Personal Integrity					
Expression Skills in Written English					
Expression Skills in Oral English					
Reliability					
Leadership ability					

For applicants whose first language is not English, please comment further regarding your judgment in applicant's ability or proficiency in use of English .....

Please use reverse side to provide any further information that you feel may help in assessing this person's application to our graduate program.
In your opinion does the applicant possess the intellectual and personal qualifications necessary for graduate work?_____

Signature of Referee..... **Date**.....

Full Name..... **Institution** .....

Official Position ..... **Address** .....**Email Address** .....