

APPLICANT'S NAME

COURSE ORGANISER
MA CLINICAL PSYCHOLOGY
DEPARTMENT OF PSYCHOLOGY
UNISA
P.O. BOX 392
UNISA 0003

REFERENCE FORM

APPLICANTS

Please enter your name on the pages of this form and send it to your referee, requesting that it be completed and forwarded direct to the above-mentioned address.

REFEREES

Please complete this form at your earliest convenience and return to address above.

UNIVERSITY OF SOUTH AFRICA

DEPARTMENT OF PSYCHOLOGY

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of south africa

UNIVERSITY OF SOUTH AFRICA

DEPARTMENT OF PSYCHOLOGY

CONFIDENTIAL

APPLICANT'S NAME

The person named above has applied for admission to the Unisa training programme in Clinical Psychology at MA level. By completing this form of reference, you will greatly help us in selecting the best qualified applicants for this demanding course. The information you give will be treated as strictly confidential.

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

..... years

2. Do you know the applicant well enough to be able to assess his/her intellectual ability?

YES

NO

2.1 If the answer is YES and you are a member of the academic staff of a university:

2.1.1 Using a typical undergraduate class in your subject as a basis for comparison, would you assess the applicant as:

Outstanding (in top 5%)

Very good (in top 15%)

Good (in top third)

Average (in middle third)

Only fair (in bottom third)

4. Do you think it is a wise decision on his/her part to undertake further academic studies to qualify for a career as a clinical psychologist?

YES

NO

Can you expand on your answer?

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5. Can you make any additional comments on the applicant that would be helpful to the Selection Committee?

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Your assistance in providing this information about the applicant is greatly appreciated by the Department of Psychology.

Signature of Referee Date

Name of Referee (please print)

Position

Address

Telephone number