

**MILLAR INSTITUTE FOR TRANSDISCIPLINARY AND DEVELOPMENT  
STUDIES (MITDS/ MOU)**

REFEREE FORM FOR ADMISSION TO **DOCTORAL/ PHD PROGRAMMES**

IMPORTANT: CANDIDATES ARE REQUIRED TO SEND TWO COMPLETED (SIGNED AND STAMPED)  
ACADEMIC REFEREE FORMS TO:

The Registrar  
Millar Institute for Transdisciplinary and Development Studies (MITDS/ MOU)  
P. O. Box 607  
Bolgatanga, Ghana

**A. APPLICANT'S DATA**

PLEASE TYPE OR PRINT LEGIBLY IN BLACK

Name: _____			
Family/Last Name	First Name	Middle Name	
			Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Date of Birth-----		Nationality-----	
MM/DD/YYYY		Country Name	
Course Applying for-----			
 <b>TO BE COMPLETED BY THE REFEREE:</b>			
Name of Referee: _____			
Title/ Status of Referee:-----		Specialization:-----	
(Senior Lecturer & Beyond)			
Name of Applicant -----		Programme Applying for-----	
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I have known Applicant since----- In the capacity as -----			
Signature testifying:-----			

Comment on the social attributes of the Applicant:-----

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Comment on the academic attributes of the Applicant-----

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In a class of 50 students I place him among the top: 5%; 10%; 15%; 20%-----

Hence I: Dis-recommend; Recommend; Strongly Recommend-----

Signed:----- Date-----

Stamp: