

APPLICANT'S NAME: Last, First, Middle Initial

Term: Autumn Spring Year 20 _____

Centre for Medieval & Renaissance Studies
Oxford

Faculty Reference Form

INSTRUCTIONS TO APPLICANT:

Please print or type your name in the space above. Then be sure to sign one of the following statements before giving this reference form to your faculty referee to complete.

I HEREBY WAIVE any claim to access to faculty reference forms written on behalf of my application to CMRS.

APPLICANT'S SIGNATURE DATE

I DO NOT WISH TO WAIVE claim to access to faculty reference forms written on behalf of my application to CMRS.

APPLICANT'S SIGNATURE DATE

INSTRUCTIONS TO FACULTY REFEREE:

The student named above has applied to the Centre for Medieval & Renaissance Studies, Oxford. Please note that your recommendation is a vital part of the student's application process. Your candid response in the following areas is crucial. Please complete this form (or attach a letter) and return it to: **The Principal, Centre for Medieval & Renaissance Studies, St Michael's Hall, Shoe Lane, Oxford OX1 2DP, U.K. Website: www.cmrs.org.uk. Fax: +44-1865-243740. E-mail: enquiries@cmrs.org.uk** . We cannot act on this student's application until this reference is received.

ASSESSMENT	Excellent	Above Average	Adequate	Poor	Unable to Judge
Academic Performance					
Academic Potential					
Writing Ability					
Study Habits/Discipline					
Motivation					
Honesty					
Emotional Maturity					
Self-Confidence					
Teachability					
Tolerance of other points of view					
Adaptability/Flexibility					

- How long have you known this student, and in what capacity?

- Please comment on the applicant's eagerness to learn and ability to work independently.

- This student ranks in the top 5% 10% 15% 25% of all the students I have taught.

- Additional remarks or other issues of which we should be aware:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Recommend	Recommend	Recommend with Reservation	Do Not Recommend

SIGNATURE		FULL NAME (PLEASE PRINT)
POSITION	PHONE	COLLEGE/UNIVERSITY
		E-MAIL ADDRESS