



ACADEMIC REFERENCE FORM

To be completed by someone who has known you (the applicant) in an academic capacity, for at least one year and is not an immediate family member – Cannot be the same as the Personal Referee

Name of Applicant: _____

Applicant's Proposed Degree Course: _____

Name of Referrer: _____

Referrer Mailing Address: _____

Referrer Telephone: (work) _____ **(mobile)** _____

Referrer Email Address: _____

Referrer Academic Institution: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please give your assessment of this applicant's likelihood for success in the program applied for.

To your knowledge, how does the applicant typically handle challenging situations?

Please comment on any other personal or general characteristics of this applicant.

Signature

Date

*This reference can be submitted online or by email directly to the:

Email: scholarships@gov.ky