



Adventist University of Central Africa

P.O. Box 2461 Kigali, Rwanda | www.auca.ac.rw | info@auca.ac.rw

Tel: +250788443587
Website: www.auca.ac.rw
Email: registrar@auca.ac.rw
P.O Box: 2461
Kigali - Rwanda

Evaluation Form for Graduate Studies

NAME OF APPLICANT (Type or Print)
Family Name First Name Other Names

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 the instructors who taught you in the college or University last attended and third one by the current or last employer or 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 give it to you in a sealed envelopes so that you can mail them yourself. No Application will be processed until all the required evaluation forms have been received by the Registrar

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 know this Applicant?..... In what capacity have you know this applicant.....

In Comparison with other student you have know at similar stage of development rate the applicant by checking the appropriate boxes

AREA 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 and independent research project					
Originality and motivation					
General knowledge					
Knowledge of proposed area of study					
Scholarly ability					
Intellectual ability					
Ethical Standards and Personal Integrity					
Expression Skills in Written 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.....