Reference Form Master’s Programmes
Institute of Health Policy & Management (iBMG)

Kindly attach completely filled out reference form to application form in order for your application to be taken in consideration.

Section to be filled out by applicant before passing it on to referee (one of your professors or your thesis supervisor).

Last & first name (as in passport) …………………………………………………………………………………… M / F
Date of birth (dd / mm / yyyy) …… / …… / 19……. Nationality …………………………………………………………….
Programme applying for □ MSc in Health Economics, Policy & Law; or
□ MSc in Health Economics, Policy & Law, specialisation Health Economics
□ MSc Health Care Management

Section to be filled out by your referee (one of your professors or your thesis supervisor).

1. Ability to undertake study at this post-graduate level:

2. Applicant’s potential for contributing to the work and discussions in academic study groups:

3. Any aspect of personality and character you consider pertinent, especially regarding the seriousness of purpose of the applicant:

4. Please rate the applicant in comparison with the other students from his/her class and programme:

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<th>Excellent</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>Low</th>
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<td>Intellectual ability</td>
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<td>Ability in: oral expression</td>
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<td>Ability in: written expression</td>
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<td>Motivation for proposed study</td>
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<td>Background for proposed study</td>
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5. **How do you rate the applicant in overall ability and promise in comparison with the other students from his/her class and programme:**

- Equal to the best in any department.
- Will perform at a superior level wherever admitted.
- Performance should be up to average of most graduate students.
- Qualifications marginal, but warrants consideration.
- Questionable whether admission to further study is warranted.
- Not able to judge.

6. **Special remarks (if any), or please feel free to add a letter of reference:**

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Date ........................................ Signature .................................................................

Name .................................................................................................................................
Title or position ....................................................................................................................
Address ...............................................................................................................................