

**Department of Physiotherapy**

Faculty of Health Sciences, Department of Physiotherapy · Private Bag 3, Wits, 2050, South Africa

**Referee Report**

To be completed by the applicant:

|  |  |
| --- | --- |
| Applicant’s name |  |
| Applicant’s date of birth |  |
| Postgraduate degree applicant is applying for |  |

To be completed by the referee:

|  |  |
| --- | --- |
| Name of referee |  |
| Email address of referee |  |
| Phone number of referee |  |
| Relationship to applicant |  |
| How long have you known the applicant? |  |

Is the degree that the applicant is applying for relevant to his/her current position? Please expand.

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Please report on the applicant’s academic ability to complete the degree that the applicant is applying for.

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Signature of referee Date