

**MOSHI CO-OPERATIVE UNIVERSITY (MoCU)**  
**CHUO KIKUU CHA USHIRIKA MOSHI**

Sokoine Road,  
P.O. Box 474,  
Moshi, Tanzania.  
Tel:+255 272754401  
Fax:+255 272750806  
e-mail: [info@mocu.ac.tz](mailto:info@mocu.ac.tz)  
Website: [www.mocu.ac.tz](http://www.mocu.ac.tz)



DIRECTORATE OF RESEARCH AND  
POSTGRADUATE STUDIES  
P.O. Box 474,  
Moshi, Tanzania.  
Tel: +255 27 25754403  
Fax: +255 27 25750806  
E-mail: [drps@mocu.ac.tz](mailto:drps@mocu.ac.tz)

**REFERENCE FORM FOR POSTGRADUATE DEGREE PROGRAMMES**

Applicant's First Name \_\_\_\_\_

Other Name \_\_\_\_\_

The above named applicant has applied to the Moshi Co-operative University (MoCU) for admission to the following programme:-

- |  |     |
|--|-----|
| (i) Doctor of Philosophy (PhD)   | [ ] |
| (ii) Master of Arts in Cooperative and Community Development (MA-CCD)-Fulltime | [ ] |
| (iii) Master of Arts in Cooperative and Community Development (MA-CCD)-Evening | [ ] |
| (iv) Master of Arts in Procurement and Supply Management (MA-PSM)              | [ ] |
| (v) Master of Business Management (MBM) – Fulltime                             | [ ] |
| (vi) Master of Business Management (MBM) – Evening Mode                        | [ ] |

Dear Sir/Madam,

The applicant has provided your name as referee to support his/her application for the indicated postgraduate programme. Your response will be an important contribution in assessing the applicant and will be treated in the strictest confidence.

Thank you for your cooperation.

**(\*The referee should be a person, who is academically familiar with the applicant, either as a teacher, research supervisor, or professional associate).**

1. How long have you known the candidate and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

2. What do you consider to be the candidate's main academic strengths?

\_\_\_\_\_

\_\_\_\_\_

3. What do you consider to be the candidate's main academic weaknesses?

\_\_\_\_\_

\_\_\_\_\_

4. Please evaluate the applicant with respect to each of the following attributes:

Attribute	Excellent	Very Good	Good	Average	Below Average	No Information
Intellectual/academic capacity						
Oral communication ability						
Writing communication ability						
Ability to work independently						
Perseverance						
Creativity						

5. What is your opinion of the candidate's suitability for the programme?

\_\_\_\_\_

6. Is there any other information you feel is relevant for this applicant?

\_\_\_\_\_

(You may use a separate sheet if necessary)

7. Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

**(After completing this form kindly enclose it in a sealed envelope, sign the envelope on the cover flap, and hand it over to the candidate for mailing back to the University College with the application form)**