



**2011 Sydney Medical School Summer Research Scholarship
ACADEMIC REFEREE'S REPORT**

CONFIDENTIAL (not to be returned to the applicant)

Section A (To be completed by the applicant)	
Please complete Section A of this form and send it to your academic referee for completion of Section B. Your referee should be an academic conversant with your most recent studies.	
Surname:	Other Names:
Address:	Telephone:
Email:	
Current course:	
Department:	
Details of Referee	
Title:	Name:
Position:	Institution:
Telephone:	Email:
Section B (To be completed by the referee): Please provide a confidential assessment of the applicant.	
Based on the quality of completed work, I rate the applicant in comparison to other students I have supervised as (please tick):	
<input type="checkbox"/> top 5% <input type="checkbox"/> top 10% <input type="checkbox"/> top 15% <input type="checkbox"/> top 20 % <input type="checkbox"/> Other (please specify) : _____	
Based on the applicant's overall academic performance, research potential and suitability to undertake summer research studies, the degree of support I give the applicant is (please tick):	
<input type="checkbox"/> Unreserved <input type="checkbox"/> Strong <input type="checkbox"/> Fairly Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Nil	
Additional Comments <i>(Please attach an additional page if necessary):</i>	
Signature of Referee: _____ Date: _____	
Do not return the report to the applicant. Please send this report by 23 September 2011 by a) mail to Christine Anderson, Room 220 A27 Edward Ford Building, The University of Sydney, NSW 2006. OR b) emailing a PDF file of the original signed report to medicine.researchsupport@sydney.edu.au	

Sydney Medical School would like to take this opportunity to thank you for your report.
If you have any questions, please do not hesitate to contact our Office on (02) 9114 0801.

This document is available from <http://sydney.edu.au/medicine/research/srs/apply.php>