THE UNIVERSITY OF SYDNEY

2019 The University of Sydney Faculty of Medicine and Health & Faculty of Health Sciences Summer Research Scholarships

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): ◯ top 5% ◯ top 10% ◯ top 15% ◯ top 20 % ◯ 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): ◯ Unreserved ◯ Strong ◯ Fairly Strong ◯ Moderate ◯ Nil	
Additional Comments *(Please attach an additional page if necessary)*:	
Signature of Referee:	Date:

Do not return the report to the applicant. Please send this report by 23 September 2019 by

a) mail to ***Research Office*** Room L3.05 A14 Quadrangle, The University of Sydney, NSW 2006 .

OR b) emailing a **PDF file** of the original signed report to FMH.summer-scholarship@sydney.edu.au

The Faculties of Medicine and Health and Health Sciences 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) 9351 0725