CONFIDENTIAL REFERENCE (TAUGHT PROGRAMMES)



Applicant's Name:				
Course Applied For:		PG Cert / PG Dip / MSc	Oncolo	рду
1. How long have you	ı known the applicant?			
2. In what capacity deapplicant?	o you know the			
3. Please assess the applicant's suitability for the course applied for. You may wish to comment on intellectual ability, motivation to study, career development to date, personal characteristics and skills etc.				
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4. Your Recommendation:				
☐ I recommend this applicant for the course				
I do not recommend this applicant for the course				
I am unable to com	nment			
5. Your contact detai	ls and signature			
Name				Dr / Mr / Mrs / Miss / Ms / Professor
Address				
(including postcode)				
Talanhana				
Telephone (with country/area code)		E-mail Address		
Signature				Date

Thank you for completing this form. Please return it to the MSc Team via email: mscadministrator@icr.ac.uk. Under the terms of the *Equality Act 2010* an applicant has the right to see any references submitted to The Institute of Cancer Research. Please tick this box or if you mscadministrator@icr.ac.uk. Under the terms of the *Equality Act 2010* an applicant has the right to see any references submitted to The Institute of Cancer Research. Please tick this box or if you mscadministrator@icr.ac.uk. Under the terms of the *Equality Act 2010* an applicant has the right to see any references submitted to The Institute of Cancer Research. Please tick this box or if you mscadministrator@icr.ac.uk.