



THE UNIVERSITY OF  
MELBOURNE

Faculty of Medicine, Dentistry & Health Sciences  
Melbourne School of Population Health

## ACADEMIC REFEREE REPORT FOR POSTGRADUATE COURSEWORK PROGRAM

(Australian & New Zealand Citizens and Permanent Residents)

You have been nominated as an Academic referee by an applicant for a Postgraduate Coursework Program in the School of Population Health at the University of Melbourne.

The content of your report will be confidential to the members of the relevant Postgraduate Studies Selection Committee, and will not be shown to the student concerned unless permission is granted in writing by the referee. You are kindly requested to ensure that your reference is received by the closing date indicated below.

### Applicant Details (Applicant to complete)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)

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

Closing date for Applications: \_\_\_\_\_

#### Applicant's proposed Course of Study:

- |  |  |
|--|--|
| <input type="checkbox"/> Postgraduate Certificate in Biostatistics                 | <input type="checkbox"/> Master of Biostatistics (Coursework)          |
| <input type="checkbox"/> Postgraduate Certificate in Public Health (Sexual Health) | <input type="checkbox"/> Master of Epidemiology (Coursework)           |
| <input type="checkbox"/> Postgraduate Diploma in Biostatistics                     | <input type="checkbox"/> Master of Health Social Sciences (Coursework) |
| <input type="checkbox"/> Postgraduate Diploma in Health Social Sciences            | <input type="checkbox"/> Master of Public Health (Coursework)          |

### Academic Referee Details (Applicant to complete)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)

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

#### Academic course of study undertaken with referee's involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Years from:

Day   Month   Year

TO Day   Month   Year

## Academic Referee Information (Referee to complete)

Please give your **appraisal** of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others you know who have undertaken postgraduate study.

Qualities	Top 10%	Next 10%	Next 30%	Unable to Judge
Imagination / creativity / analytical ability				
Organizational ability				
Written communication				
Persistence / maturity				
Ability to work independently				
Interpersonal skills				

Please include any further comments you wish to make about the applicant's academic performance and/or ability to undertake postgraduate study.

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**In summary**, how do you recommend the applicant for postgraduate study?

Strongly Recommend

Recommend

Do not Recommend

**Name of Referee** (Please Print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Please complete this report and return to:

The Selection Officer  
Academic Programs Office  
School of Population Health  
Level 4, 207 Bouverie Street  
The University of Melbourne  
Victoria 3010.

### Faxed copies not accepted

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<http://www.unimelb.edu.au/unisec/privacy/studentinfo.html>.

This website provides detailed information about the contact details, complaints procedures and other aspects of the University's privacy regime.