**REFERENCE / LETTER OF RECOMMENDATION**

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| **Applicant’s Name:** | **Admission Number:** |

Please arrange for your chosen referee to complete the section below (this reference **will not** be confidential)

|  |  |
| --- | --- |
| Referee’s Name: | Position: |
| Contact e-mail: | Contact Telephone No: |
| How long have you known the applicant and in what capacity? |
| Please write below, your comments on the applicants suitability for admission to the chosen programme of study: **Please continue on separate sheet if necessary** |
| Signature: Date: |

**Please return the completed form to:**

**Postgraduate Admissions Office, Academic Registry, Bangor University, College Road, Bangor, Gwynedd, LL57 2DG, UK**

**Tel: +44 (0)1248 38 8484**

**E-mail:** **postgraduate@bangor.ac.uk**