



MASTERS SCHOLARSHIP PROGRAMME

Reference

Name of Masters Scholarship Applicant:

Your Name:

Your Position:

Your Organisation:

What is your relationship to the person applying for our Masters scholarship programme?

To what degree can you support this application in terms of the competence and capacity of the person to take part in the Masters Scholarship Programme?

Please can you give us your views on the intrinsic importance of the proposed course/research in academic and/or professional terms?

[Large grey rectangular area for response]

Any further comments you wish to make.

[Large grey rectangular area for response]

Please confirm that you have emailed the applicant to say you have completed this form. The applicant requires this information to complete their application. Yes No

Signed: _____

Date: _____

This form can be completed electronically with an electronic signature and emailed to enquiries@cstg.org.uk