



REFEREE REPORT (Professional)

Thank you for agreeing to be a referee for _____ who is an applicant for the GC-SXLY Graduate Certificate in Sexology, GD-SXLY Graduate Diploma in Sexology or MC-SXLPR Master of Sexology (Professional).

Referee Name:

Position or Title:

Organisation:

Address:

(State)

(Postcode)

Email

Phone (Business)

Referees Signature:

Date:

Circumstance under which you know the applicant:

Application for: GD-SXLY MC-SXLPR

Applicants Name:



We would appreciate your comments on the following points, please also rate the applicant on the following qualities by checking the appropriate box

Excellent ability is equivalent to (top 10%); Above average ability (next 20%); Average ability (mid third); Requires development (bottom third);

The applicant's ability to undertake Postgraduate studies

Below average Average ability Above average ability Excellent ability No opportunity to observe

Ability to interpret and evaluate new concepts

Below average Average ability Above average ability Excellent ability No opportunity to observe

General Comments

Application for: GD-SXLGY MC-SXLGY

Applicants Name:



REFEREE'S REPORT (Academic)

Thank you for agreeing to be a referee for _____ who is an applicant for the GC-SXLGY Graduate Certificate in Sexology, GD-SXLGY Graduate Diploma in Sexology or MC-SXLPR Master of Sexology (Professional).

	<input type="text"/>	
Referee Name:	<input type="text"/>	
Position or Title:	<input type="text"/>	
Organisation:	<input type="text"/>	
Address:	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	(State)	(Postcode)
Email	<input type="text"/>	
Phone (Business)	<input type="text"/>	
Referees Signature:	<input type="text"/>	Date: <input type="text"/>

Circumstance under which you know the applicant:

Applicants Name:	<input type="text"/>	Application for: GD-SXLGY MC-SXLPR
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Ability to interpret and evaluate new concepts

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General Comments

Applicants Name: