



THE INTERNATIONAL MEDICAL UNIVERSITY (IMU)

Scholarship Selection Committee

Student Services Department

CONFIDENTIAL REPORT FORM

Part I: INSTRUCTION TO APPLICANTS.

Please complete part 1 and submit this form, together with the envelope enclosed, to your referee.

Name _____ IC no. / passport no. _____
As in IC / passport

Programme completed at the institution: _____ Year of completion: _____
A-level / STPM / SAM / UEC / etc Year of exam

Programme applying for at the IMU: _____
Medical / Pharmacy / Nursing

Part II: INSTRUCTIONS TO REFEREE.

One of your ex-students / students has applied for admission into the IMU to pursue a programme leading to a medical / pharmacy / nursing degree. Please complete part II of this form and return it to us directly, or to the applicant, in a sealed envelope for further processing of the application. You may also fax this form to us at 03 8656 1018. Please note that this report is strictly confidential. We thank you for your kind assistance.

APPLICANT ATTRIBUTES (Please tick one category only):

- Academic ability [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
Leadership [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
Motivation [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
Interactive skills [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
Communication skills [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
Maturity [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
Responsibility [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
Class participation [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
English proficiency [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate
Extra-curricular activities [] Excellent [] Good [] Satisfactory [] Poor [] Cannot evaluate

Additional comments on the applicant's potential for success in the programme applied for.

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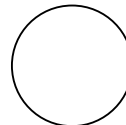
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Name of principal / head of programme

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Signature

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Name of school / college / university

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Address of school / college / university

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Telephone and fax number



Official school / college / university stamp
Date: