

NATIONAL UNIVERSITY OF LESOTHO



Tel: 22340601/52213835/36/46
Fax:: 22340000
www.nul.ls



REFERENCE FORM

Applicants must complete this section:

1. Applicant's Surname:
2. Other Names:
3. Programme applied for:

PLEASE NOTE:

- (A) Provide a reference which is as comprehensive as Possible covering academic aptitude, interest and Character.
- (B) Provide information or opinion that is considered Relevant
- (C) Return this form as soon as possible to:

The Admissions Secretary
National University of Lesotho
P.O. Roma 180
Lesotho – Southern Africa

N.B: Applicants will not be considered until references have been received.

To be completed by the Referee:

Name of Referee:

Occupation:

Address:

.....
.....

Signature: Date:

.....
.....
.....
.....
.....
.....
.....
.....
.....