

THE NATIONAL UNIVERSITY OF LESOTHO



REFERENCE FORM

Tel: 22340601/22213835/36 /46/47

Fax: 22340000

www.nul.ls

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, interests 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**

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

To be completed by the Referee:

Name of Referee: _____

Occupation: _____

Address: _____

Signature: _____ **Date:** _____

