

RECOMMENDATION FORM FOR THE MWALIMU JULIUS K. NYERERE SCHOLARSHIP - 2021/2022

(Master's Degree Programme)

PLEASE TYPE OR I	USE BLOC	K C	APITALS IN	BLA	CK INK A	ND WRITE I	NSIDE THE	BOXES	
Applicant	Please complete this section, and give this form to the person who will act as your referee. The completed form should be submitted by the referee directly to the Chairman, Scholarship Awards Committee, Mwalimu Julius K. Nyerere Memorial Scholarship Fund, through electronic mail address info@bot.go.tz with a copy to DG-EFP-OFFICE@bot.go.tz .								
Surname/ Family Name:				Other Name(s):					
Applicant's Signature:			Date:						
Scott th qu Scott		Sch ca the qu Sch De	enable us assess the candidate's suitability for the holarship, we kindly request that you evaluate the indidate in the areas indicated in the table below (Tick e appropriate cell). Please indicate the applicant's alifications and potential for the award of the holarship and to undertake the Master's Programme. escribe the applicant's motivation and intellect and dicate both strong and weak points. Please be frank.						
How long have you known the Applicant?									
In what capacity?									
			Excellen	t C	Good	Average	Poor	Very Poor	
Intellectual Ability									
Capacity for Original Thinking									
Maturity Motivation for Postgraduate Studies									
Ability to work with others:									
Other capabilities/talents worth mentioning									
What do you consider to be the Applicant' weaknesses?									
What is your recommendation on the suitability of the applicant to the Scholarship									
Give any other additional comments that you consider relevant about the applicant									

Referee's Name and Contacts.					
Name:	Title (Dr./Prof./Mr./Mrs./Miss./Ms.)				
Institution:	Position:				
Postal Address:	Telephone (Landline):				
	Telephone (Mobile):				
Fax:	E-mail:				
Referee's Signature:	Date:				