



**RECOMMENDATION FORM FOR THE MWALIMU JULIUS K. NYERERE
SCHOLARSHIP - 2024/2025
(Master's Degree Programme)**

PLEASE TYPE OR USE BLOCK CAPITALS IN BLACK INK AND WRITE INSIDE 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:

Referee:	To enable us assess the candidate's suitability for the Scholarship, we kindly request that you evaluate the candidate in the areas indicated in the table below (Tick the appropriate cell). Please indicate the applicant's qualifications and potential for the award of the Scholarship and to undertake the Master's Programme. Describe the applicant's motivation and intellect and indicate both strong and weak points. Please be frank.
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How long have you known the Applicant?					
In what capacity?					
	Excellent	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: