



FELLOWSHIP FUND
BRANCH OF AUSTRALIAN FEDERATION OF UNIVERSITY WOMEN QUEENSLAND
INCORPORATED

Referee's Report Form

CONFIDENTIAL

In support of an application for a QLD Fellowship Fund Fellowship.

Please submit one (1) copy directly to the address on the back of this form.

Please type or print legibly in black. Please comment on the applicant's strengths and limitations for graduate study and, specifically, for undertaking the proposed project. Please also provide your judgement on the applicant's intellectual ability, motivation, seriousness of purpose and quality of previous work. Indicate also how long you have known the applicant.



APPLICANT'S NAME _____

Your Name _____

Position _____

Address _____

Signature _____ Date _____

Return completed forms to:

Fellowship Convenors, Fellowship Fund Branch AFUWQ Inc,

C/- Academic Dress Hire Service

PO Box 6083

ST LUCIA QLD 4067 , AUSTRALIA

BY MAY 31, 2010.