

 UCTS	UNIVERSITY COLLEGE OF TECHNOLOGY SARAWAK
	REFEREE'S REPORT

A. TO BE COMPLETED BY THE APPLICANT

Name of Applicant	
Position Applied	Post Doctoral Research Fellow
Name of Referee (As stated in the Post Doctoral Research Fellow Application Form)	

Note: It shall be the responsibility of the applicant to inform his/her referee on the deadline for the submission of the form to the University.

B. TO BE COMPLETED BY THE REFEREE

Please state period of acquaintance with the applicant	
Please state your observation on the applicant's ability and suitability for the post, together with any other information which might assist the University in deciding on the appointment. Kindly take note that your comments will be treated as confidential.	
Signature of Referee	
Date	

The complete form shall be submitted by the Referee to:

Centre for Research & Development
University College of Technology Sarawak
No. 1, Jalan Universiti
96000, Sibul, Sarawak, Malaysia
Email Address: research@ucts.edu.my
Fax No.: +6 084-367306