



Section A. To be completed by the Applicant

Name of applicant: _____

Course applied for: _____

Section B. To be completed by the Referee (The referee must not be a relative of the candidate)

The reference report is an important part of the application process for the student to be admitted. Any information you have given will be treated as confidential. Your assistance in providing this information is greatly appreciated.
Please return completed form directly to: **The Registrar: Wavecrest College of Catering and Hospitality Management.**
75, Adisa Bashua Street, off Adelabu Street, P. O. Box 602, Surulere Post Office, Lagos.

or

1. Please comment, in your view, the applicant's ability to do this course.

2. How long have you known the applicant and in what capacity?

3. What do you consider the applicants's major strengths and weaknesses?

4. Please rate the applicant on the qualities listed below making the appropriate point on the scale:
(1 = poor, 2 = average; 3 = good, 4 = excellent; 0 = not known)

Attribute	Poor	Average	Good	Excellent	Not Known
Attitude towards hospitality career	1	2	3	4	0
Leadership skills	1	2	3	4	0
Contribution level in teamwork	1	2	3	4	0
Ability to work hard	1	2	3	4	0
Ability to meet deadlines	1	2	3	4	0
Communication level	1	2	3	4	0

5. Please make any further comments which you feel will be helpful in considering the applicant for the course. Use extra paper if necessary.

Name of Referee	Occupation	Status/Position
Telephone Number	Fax Number	Contact address
Signature	Date	