

Recommendation for applicants to the Master's Program in **Coastal Communities and Regional Development**

All information will be handled in strict confidence.

The referee should send this form

By post to:  
University Centre of the Westfjords  
Director – Education and Teaching  
Suðurgata 12, 400 Ísafjörður, Iceland

By Email to:  
[applications@uw.is](mailto:applications@uw.is)  
Subject:  
Reference – Applicant's name – CRD

**To the applicant:** please complete the first section of the form before passing it on to a referee

Applicant's first name and surname:

Date of Birth (dd/mm/yyyy):

**To the referee:** The above-named person is applying to the Master's Program in Coastal Communities and Regional Development at the University Centre of the Westfjords and has named you as a referee. Please supply a reference by filling out the form below. What is your relationship to the applicant?

Teacher/Professor:  Employer/Supervisor:  Other:  Please specify:

Please give a candid rating of the applicant relative to other students or employees.

	exceptional top 5%	above average	average	below average	unable to judge
intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knowledge of field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motivation and diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
academic English proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
communicative skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything else you would like to tell us that might help us to make an informed decision:

Name of referee:

Position & place of work:

Date & Signature: