**University of Essex Doctorate in Clinical Psychology Application**

**Academic Reference Form Date:**

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| --- | --- |
| Applicant’s name |  |
| Referee’s name |  |
| Referee’s institution |  |
| Referee’s job title/position |  |
| Course/programme studied by applicant |  |
| Start/end date of enrollment |  |
| Relationship with applicant at time of study(tutor, course lead etc) |  |

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| **Applicant’s academic ability (including performance on the course, ability to apply academic knowledge, ability to interact with peers and academic staff, potential for doctoral level training, ability to work to course deadlines):** |