This Academic Referee Report should be completed by applicants seeking entry into the following courses:

- Master of Psychology (Clinical)
- Doctor of Psychology (Clinical)
- Master of Psychology (Clinical)/Doctor of Philosophy

Applicants must submit the Academic Referee Report and the Professional/Personal Referee Report, for each course you are applying. Applicants should complete the forms, and forward them to the appropriate referees, together with a stamped envelope, addressed to ACU National. The referee should forward completed forms to:

**ACU National Admissions Section:**
Postal Address: PO Box 456 VIRGINIA QLD 4014
Inquiry Telephone: Kim Moyle, Administrative Officer, School of Psychology Ph: 07 3623 7215
Facsimile: Kim Moyle, Administrative Officer, School of Psychology Fax: 07 3623 7277

**Applicant Details**
Name of Applicant: .................................................................
Application for: ............................................................................ Course/s
Name of Referee: .................................................................
Referee’s Position: .................................................................
Referee’s Relationship to Applicant: .................................................................

Due Date for Referee Report: **31/10/2008**

**Referee’s Contact Details:**
Address: ..................................................................................
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..................................................................................
Phone: ( ) ........................................ Fax: ( ) ........................................ Email: ........................................
The person named below has applied for a place in one or more postgraduate Psychology courses at ACU National and has named you as an academic referee in support of his/her application/s. The section below should be completed and a copy provided in support of each course for which he/she has applied. Please ensure both pages of this form are forwarded to ACU National in the stamped envelope, provided by the applicant.

The material you provide on this form is confidential in accordance with Section 35 of the Freedom of Information Act 1982 (Victoria).

Name of Applicant: ........................................................................................................................................................................

Name of Referee: ........................................................................................................................................................................

**Applicant’s final examination results.**

University at which studies undertaken: ..................................................................................................................................

Please indicate whether: Predicted ☐ OR Actual ☐

Not known by referee ☐ H1 ☐ H2A Upper ☐ H2A Lower ☐ Other ☐ Please specify…..

Please complete the following ratings based on your perceptions of the applicant. If possible, compare the applicant with other 4th year psychology students.

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<th>Outstanding Top 5%</th>
<th>Superior Top 6-10%</th>
<th>Very Good Top 11-25%</th>
<th>Good Top 26-40%</th>
<th>Average Top 41-60%</th>
<th>Below Average Bottom 40%</th>
<th>Don’t Know</th>
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Your level of knowledge of the applicant: High ☐ Medium ☐ Low ☐

Based on your knowledge of the applicant, please indicate the level of your support for his/her application:

Unreserved ☐ Strong ☐ Moderate ☐ Reserved ☐ Nil ☐

Comments: .................................................................................................................................................................................

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Academic Referee’s Signature ___________________________ Date ☐ ☐ / ☐ ☐ / ☐ ☐