

FULL NAME OF APPLICANT:

CONFIDENTIAL REFERENCE LETTER

TO BE COMPLETED BY AN ACADEMIC OR PROFESSIONAL REFEREE. PRINT CAREFULLY.

THE FACULTY OF GRADUATE STUDIES (FGS) WILL ATTEMPT TO MAINTAIN THE CONFIDENTIALITY OF THIS LETTER. PERSONS WHO WRITE LETTERS OF REFERENCE SHOULD KNOW THAT FGS MAY BE REQUIRED TO DISCLOSE THE LETTER TO THE STUDENT UNDER THE FREEDOM OF INFORMATION ACT.

THIS SECTION TO BE COMPLETED BY THE APPLICANT BEFORE PASSING TO REFEREE

DEGREE TO WHICH YOU AF	RE APPLYING:									
DEPARTMENT/SCHOOL:										
The following sections are to be completed by the referee. The information in this document will be treated as strictly confidential. The purpose of the reference is to assess the ability of the Applicant to undertake advanced studies and research. Once completed, return the completed form, signed and sealed in the envelope provided, to the Applicant or the Reference to the department to which the Applicant is applying.										
NAME OF REFEREE:					Position/Rank:					
Institution:					Telephone:					
MAILING ADDRESS:				FAX:						
					E-MAIL:					
				<u>'</u>						
KNOWLEDGE OF APP	LICANT									
IN WHAT CAPACITY (EG. TEACHER, SUPERVISOR, EMPLOYER) HAVE YOU KNOWN THE APPLICANT?										
How long have you known the Applicant (years/months)?										
TO APPROXIMATELY HOW MANY STUDENTS IN THE PAST FIVE YEARS AND AT THE SAME LEVEL OF STUDY ARE YOU COMPARING THE APPLICANT?										
IF YOU HAVE NOT KNOWN THE APPLICANT IN AN ACADEMIC OR RESEARCH CAPACITY, PLEASE INDICATE THE BASIS UPON WHICH YOU FEEL YOU ARE ABLE TO ASSESS THE APPLICANT'S CAPABILITY FOR STUDIES AT THE GRADUATE LEVEL.										
0										
SPECIFIC ABILITIES						I I				
FOR EACH CATEGORY, PLACE A CHECKMARK UNDER THE MOST APPROPRIATE COLUMN.		OUTSTANDING (TOP 5%)	Superior (5-10%)	GOOD (10-25%)	Average (25-50%)	Marginal/Poor (Lower 50%)	NO BASIS FOR JUDGEMENT			
PAST ACADEMIC ACHIEVEME	NT									
SCHOLARLY PROMISE										
INDEPENDENT RESEARCH/STUDY CAPABILTY										
ENGLISH PROFICIENCY—WRITTEN										
ENGLISH PROFICIENCY—ORAL										
CREATIVITY										
RESOURCEFULNESS										
ABILITY TO MEET DEADLINES										
OVERALL, I WOULD RATE THIS STUDENT AS:										
Revised November 2002										

IF AN INTERNATIONAL STUDENT, PLEASE INDICATE THE APPLICANT'S ENGLISH LANGUAGE COMPETENCY									
IS THE APPLICANT'S FIRST LANGUAGE ENGLISH?									
IF NO, PLEASE ASSESS YOUR VIEW OF THE APPLICANT'S COMPETENCY IN ENGLISH:									
WRITTEN:	☐ FLUENT	Quite Fluent	WORKING KNOWLEDGE	☐ BASIC KNOWLEDGE	LITTLE OR NO KNOWLEDGE				
READ:	☐ FLUENT	Quite Fluent	Working Knowledge	☐ BASIC KNOWLEDGE	LITTLE OR NO KNOWLEDGE				
ORAL:	☐ FLUENT	Quite Fluent	☐ WORKING KNOWLEDGE	BASIC KNOWLEDGE	LITTLE OR NO KNOWLEDGE				
FOR ACADEMIC	C REFEREES ON	ILY							
IF THIS APPLICANT	WERE APPLYING TO	O A GRADUATE PROGRAMI	ME AT YOUR INSTITUTION, WOULD YO	ou:					
ACCEP	PT WITHOUT RESERV	/ATIONS	ACCEPT WITH SOME RESERVA	ATIONS					
ACCEP	☐ ACCEPT TO A QUALIFYING YEAR ONLY		EXPLAIN ANY RESERVATIONS:						
REJEC	т		••••						
FOR NON-ACA	DEMIC REFERE	S ONLY							
Would you reco	MMEND THAT THE A	APPLICANT BE ACCEPTED I	NTO A GRADUATE PROGRAMME?	YES	☐ No				
EXPLAIN ANY I	RESERVATIONS:								
Additional comments on the applicant's: 1) ability to carry on advanced study and research; 2) teaching ability; 3) promise for a successful career in this field; 4) weaknesses, if any; and 5) communication skills (oral and written). Indicate the basis of your general assessment. Please feel free to add an extra page if necessary.									

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SIGNATURE OF	REFEREE:			Date:					