## **CONFIDENTIAL RECOMMENDATION FORM**



The two letters of reference are to be from persons (academics, employers) who can critically assess your ability to do research and advanced courses.

A	APPLICANT INFORM	ATION (Provided b	y Applicant)			
Last or Family Name:	First Name:	First Name:		Middle Name:		
Faculty/Department of Proposed Study: (eg. MSc in Biology)		Student ID	Student ID:		Birthdate:	
	THIS PORTION TO B	E COMPLETED BY	REFEREE	•		
Over a period of several years, in a group of candidates, the candidate would rank:	Outstanding Top 10%	Above Average Next 20%	Average Next 20%	Below Average Lower 50%	Inadequate opportunity to observe	
A. Background Preparation						
B. Originality						
C. Research Ability and Potential						
D. Industriousness and Independence						
E. Overall Assessment						
F. Overall Ability in the Discipline						
G. Verbal and Written Communication in English						
H. (Professional Faculties Only) Professional Experience						
have known the candidate for the period Highly Recommended	(Dates)  2. Recommended		ny capacity as Not Recommer	nded		
Please comment on any of the candidate's equired, please attach additional informati	strengths or weaknes ion on letterhead).	sses that could affec	t their progress i	n advanced study	and research. (If	
Please complete and return to the applinstitution email address to graddocs@urrent University of Regina students an	<u>Duregina.ca</u> . A priva					
lame (Print):			Signature:			
osition:			Date:	:		
Phone #:		E	mail Address: _			

Mail to:

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