UNIVERSITY of GUELPH — ASSESSMENT OF AN APPLICANT FOR GRADUATE STUDIES

Please place the completed *letter of recommendation* in an institution/business envelope and return it directly to the applicant. To ensure confidentiality, sign the back of the envelope across the seal.

This area to be completed by applicant

Please complete and forward to an individual who is well acquainted with your education and abilities

Name of Applicant _____
Surname or family name (please print) Given Names

Degree Sought: e.g., MSc, MA, etc. _____ Department _____

This area to be completed by referee

a) check the appropriate boxes below:
Over a period of several years, in a group of 100 students, the applicant would rank:

	Outstanding		Above average		Average	Below average	Unable
	upper 2%	upper 10%	upper 20%	upper 30%	upper 50%	lower 50%	to judge
Background preparation							
Originality							
Potential research ability							
Industry/perseverance							
Judgment/critical sense							
Intellectual ability							
Verbal/written communication							
Overall evaluation							

b) How long have you known the applicant and in what capacity? _____

c) Would this applicant be admitted to your graduate program? ☐ yes ☐ no ☐ not applicable

d) We welcome comments on the suitability of the applicant for admission. Use the space below or attach additional pages.

_____ _____ _____
Name of referee (Please print or type) Signature of referee Date

Position and department _____ Phone Number ( ) _____

Institution and address _____

_____ E-mail address _____

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The University of Guelph reaffirms section 1 of the Ontario Human Rights Code, 1981, which prohibits discrimination on the grounds of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, handicap, age, marital status or family status. **All assessment forms are confidential and information will not be released to the applicant.**