



Referee Assessment Form

Office of Graduate Studies, University of Guelph

Applicant Name: * _____
Degree Sought: * _____

Click the appropriate selections below to indicate the applicants ranking over a period of several years, in a group of 100 students.

Background Preparation:*

Originality:*

Potential Research Ability: *

Industry/Perseverance:*

Judgement/Critical Sense:*

Intellectual Ability:*

Verbal/Written Communication:*

Overall Evaluation:*

How long have you known the applicant and in what capacity?*

Would this applicant be admitted to your graduate program? * Yes No Not Applicable

Applicant Name: _____

If English is not the applicant's first language, indicate whether they have sufficient competence in English (including technical language specific to discipline).

Understands lectures conducted in English:

Communicate effectively in English:

Expresses themselves in written English:

Reads widely in English:

Applicant Name: _____

Comment on the suitability of the applicant for admission (Reference Letter)*

Referee Name:* _____
Position:* _____
Department:* _____
Institution: * _____
Address:* _____
Email:* _____ Telephone:* _____

*Required Fields

Please submit this completed form to gradapps@uoguelph.ca with the student's name in the subject line. We are only able to accept this Referee Assessment Form if it is sent from the email identified on the application. Alternatively, you can mail the document in a sealed, signed envelope to Office of Graduate Studies, Level 3 University Centre, University of Guelph, Guelph, Ontario, Canada, N1G 2W1.

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