



RECOMMENDATION FOR ADMISSION

JOINT PROGRAM GRADUATE STUDIES

(CONFIDENTIAL)

SECTION 1		TO BE COMPLETED BY THE APPLICANT		
MR.	MRS.	MISS	SURNAME	GIVEN NAMES
ADDRESS				
NO. AND STREET			CITY	
PROVINCE / COUNTRY			POSTAL CODE	
ACADEMIC UNIT OR DISCIPLINE			AREA OF SPECIALIZATION	
PROGRAM OF STUDIES APPLIED FOR			<input type="checkbox"/> MASTER'S (WITHOUT THESIS) <input type="checkbox"/> MASTER'S (WITH THESIS) <input type="checkbox"/> Ph.D.	
INSTITUTION			<input type="checkbox"/> UNIVERSITY OF OTTAWA <input type="checkbox"/> CARLETON UNIVERSITY	

SECTION 2		TO BE COMPLETED BY THE REFEREE																		
<p>NOTE TO THE REFEREE:</p> <p>ONCE COMPLETED, PLEASE INSERT THIS FORM IN THE ENVELOPE PROVIDED BY THE APPLICANT. SEAL THE ENVELOPE AND SIGN YOUR NAME ACROSS THE FLAP. SEND THE ENVELOPE TO THE CANDIDATE WHO WILL FORWARD IT ALONG WITH HIS OR HER APPLICATION FOR ADMISSION. THE UNIVERSITY MAY ASK YOU DIRECTLY TO CONFIRM THE AUTHENTICITY OF YOUR LETTER.</p>																				
NAME OF REFEREE		POSITION		AREA CODE & TEL. NO.																
E-MAIL ADDRESS				FAX NO.																
NAME OF INSTITUTION, AGENCY OR ORGANIZATION																				
ADDRESS OF INSTITUTION																				
<p>I HAVE KNOWN THE APPLICANT FROM <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>YEAR</td><td> </td><td>MO.</td><td> </td></tr></table> TO <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>YEAR</td><td> </td><td>MO.</td><td> </td></tr></table> IN THE FOLLOWING CAPACITIES</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> THESIS OR RESEARCH SUPERVISOR </div> <div style="margin-top: 5px;"> <input type="checkbox"/> OTHER (SPECIFY) </div>									YEAR		MO.						YEAR		MO.	
YEAR		MO.																		
YEAR		MO.																		
<p>THE BOX SCORE RATING ON THE SECOND PAGE INDICATES MY ASSESSMENT OF THE APPLICANT'S ACADEMIC PERFORMANCE AND POTENTIAL. I HAVE RATED THE APPLICANT BY COMPARISON WITH _____ OTHER STUDENTS (AT THE SAME LEVEL OF EDUCATION AND EXPERIENCE) WITH WHOM I HAVE BEEN ASSOCIATED DURING THE PAST _____ YEARS.</p>																				
<p>I WOULD RECOMMEND THE APPLICANT'S ADMISSION TO A COMPARABLE GRADUATE PROGRAM AT MY OWN UNIVERSITY.</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> WITHOUT RESERVATION <input type="checkbox"/> WITH CERTAIN RESERVATIONS <input type="checkbox"/> NOT AT ALL <input type="checkbox"/> NO COMPARABLE PROGRAM EXISTS </div>																				
REFEREE'S INITIALS																				

NAME OF APPLICANT	NAME OF REFEREE
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OVERALL APTITUDE FOR ADVANCED RESEARCH AMONG THE TOP 5% AMONG THE TOP 10% AMONG THE TOP 25% ABOVE AVERAGE BELOW AVERAGE

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INADEQUATE OPPORTUNITY TO OBSERVE
ACADEMIC ACHIEVEMENT					
RESEARCH POTENTIAL					
ORIGINALITY					
JUDGMENT					
MOTIVATION					
ABILITY TO WORK INDEPENDENTLY					
ORAL EXPRESSION					
WRITTEN EXPRESSION					
POTENTIAL AS A TEACHING OR RESEARCH ASSISTANT					

SINCE THE ABOVE BOX SCORE RATINGS DO NOT PROVIDE A COMPLETE DESCRIPTION OF AN APPLICANT'S POTENTIAL, PLEASE JUSTIFY YOUR ASSESSMENT BY DESCRIBING ANY SPECIAL APTITUDES, STRENGTHS AND WEAKNESSES THE APPLICANT MAY HAVE.

SIGNATURE

DATE

SIGNATURE (REFEREE)

REMINDER: SEAL THE RETURN ENVELOPE AND SIGN YOUR NAME ACROSS THE FLAP.