

This section to be filled in by Applicant (please type or print)

Name of Applicant:

Surname

First

Middle

Proposed Academic Study Area: _____

Candidate for Master's Program or Doctoral Program

This section to be filled in by referee and returned directly to student in the envelope provided. Please sign the back of the envelope over the seal once it has been closed. the student will then forward your confidential report to the University of Windsor along with other required application materials.

1. How long and how well have you known the applicant? In what relationship?

2. Please rate the applicant relative to other students in the same field in recent years.

| | Out- Standing | Very Good | Good | Average | Poor | Unable to Judge |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation for the Proposed Program of Study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please rank this student as a candidate for the degree for which s/he is applying.

Highly Recommended Recommended Doubtful Unsuitable

4. In the space below or in a separate letter, please add any comments which will assist in providing a complete picture of the candidate's abilities and potential.

Referee's Name (please print or type): _____

Title: _____

Institution: _____

Date: _____ Signature _____