

Letter of Recommendation

Faculty of Graduate Studies

TO BE COMPLETED BY STUDENT

Name of Applicant: _____ Date: _____
surname first name

Date of Birth: _____
month day year

E-mail address: _____ Telephone #: _____

Program Applied to: _____ Area of Interest: _____

Master's Degree Doctorate Degree Stand-alone Diploma Full time Part time

TO BE COMPLETED BY REFEREE

- How long have you known the applicant and in what capacity? How well do you know the applicant?

- Please indicate with ✓ your rating of the applicant in terms of the following attributes. We are interested in the applicant's academic ability, scholarly promise and ability to successfully complete an intensive program of research and study. The comparison group should consist of applicants at a comparable stage in their academic career.

	Outstanding		Excellent	Above Average	Average	Below Average	No Basis To Judge
	Top 2%	Top 10%	Top 20%	Top 30%	Top 50%	Bottom 50%	
Demonstrated academic ability							
Academic potential							
Originality/creativity							
Oral expression							
Written expression							
Initiative							
Perseverance							
Ability to work independently							
Professional ability (where relevant)							

Letter of Recommendation

Faculty of Graduate Studies

3. The likelihood that the applicant will complete the degree (if applicable) is:
Very likely Likely Unlikely Very unlikely
4. How likely is it that the applicant would be accepted into a comparable program at your institution?
Very likely Likely Unlikely Very unlikely Not applicable
5. How likely is it that you would agree to supervise the applicant's thesis/dissertation, if you have common research interests?
Very likely Likely Unlikely Very unlikely Not applicable
6. Please add any further comments that you wish to make about the applicant. Please feel free to attach a letter.

Referee's name (type or print)

Referee's signature

Position

E-mail address

Department

Institution

Referees are requested to complete this form. Insert this form in a blank envelope, please seal and sign the back of the envelope and return this form to the applicant. The applicant will include Letters of Recommendation with other required documents and send their complete application package to the Office of Graduate Admissions at York University.

PLEASE RETURN THIS FORM IMMEDIATELY

page 2 of 2