Faculty of Graduate Studies
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Phone: 905-688-5550
Fax: 905-688-0748
Website: www.brocku.ca/graduate-studies

Reference Form for Admission to Graduate Studies

1. To the Applicant: Complete this section before sending it to the referee. Date: _____

Surname _____ **Given Names** _____ has applied to the

Program _____ to study for a ☐ Master's ☐ PhD degree

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2. To The Referee: After completing, please place this reference form in an official envelope (i.e., from your university or company). To ensure confidentiality, please seal and sign on the flap of the envelope. This envelope may be returned to the applicant, signed and sealed, for submission with his/her application package (preferred) or sent directly to the Faculty of Graduate Studies.

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

b) Would you recommend this applicant for admission to a graduate program at your university?
☐ without reservation ☐ with some reservation (please specify) ☐ no (please explain) ☐ no comparable program exists

c) Does the academic record fairly reflect the ability of the applicant? ☐ yes ☐ no (if no, please give details):

d) Please indicate with a ✓ your rating of the applicant in terms of the attributes below.
Please identify the group with which you are comparing the applicant: _____

	OUTSTANDING		ABOVE AVERAGE		AVERAGE	BELOW AVERAGE	UNABLE TO JUDGE
	upper 2%	upper 10%	upper 20%	upper 30%	upper 50%	upper 50%	
Background preparation							
Originality/Creativity							
Potential research ability							
Industry/perseverance							
Judgement/critical sense							
Intellectual ability							
Teaching ability *							
Oral Communication							
Written Communication							
Overall evaluation							

* **Important in the context that Brock graduate students are frequently involved as teaching assistants in seminars and laboratories.**

e) Please add any further comments to indicate if there are any factors which might prevent the applicant from successful graduate study or to support the applicant's ability and promise for graduate study. (Continue on the back or attach an additional page.)

Please print:

Name of Referee: _____ Signature of Referee: _____

Title/Position: _____ Date: _____

Institution: _____ Telephone Number: ( ) _____

Department: _____ E-mail Address: _____

Full Address: _____ Fax Number: ( ) _____