CONFIDENTIAL RECOMMENDATION FORM



The two letters of reference are to be from persons (academics, employers) who can critically assess your ability to do research and advanced courses.

Į.	APPLICANT INFORM	ATION (To be filled	d out by Applic	ant)		
Last or Family Name:	First Name:		Middle Name:			
Faculty/Department of Proposed Study: (eg. MSc in Biology)		Student ID	Student ID:		Birthdate:	
	THIS PORTION TO B	E COMPLETED BY	REFEREE			
Over a period of several years, in a group of candidates, the candidate would rank:	Outstanding Top 10%	Above Average Next 20%	Average Next 20%	Below Average Lower 50%	Inadequate opportunity to observe	
A. Background Preparation						
B. Originality						
C. Research Ability and Potential						
D. Industriousness and Independence						
E. Overall Assessment						
F. Overall Ability in the Discipline						
G. Verbal and Written Communication in English						
H. (Professional Faculties Only) Professional Experience						
nave known the candidate for the period_ Highly Recommended ease comment on any of the candidate's quired, please attach additional informati	(Dates) 2. Recommended strengths or weaknes on on letterhead).	3.	Not Recommer			
ease complete and return to the applic stitution email address to graddocs@ niversity of Regina students are unacc ame (Print):	<u>Duregina.ca</u> . Private eptable.	email address is	considered ur Signature:	nofficial. Referend	ces from current	
	Email Address:					

Mail to:

Faculty of Graduate Studies and Research University of Regina 3737 Wascana Parkway Regina SK S4S 0A2 Canada