

College of Graduate and Postdoctoral Studies

 Room 116 Thorvaldson Building, 110 Science Place, Saskatoon SK CANADA S7N 5C9
 Telephone (306)966-5751, Fax: (306)966-5756, General E-mail: grad.studies@usask.ca
THIS FORM IS CONFIDENTIAL.

Do not return to applicant. **Please send directly to: Head of the department in which the student wishes to study (check our website to find contact information for each program office: <http://grad.usask.ca/programs/find-a-program.php>)**

PART 1 - to be completed by Applicant

FAMILY/ SURNAME / LAST NAME	GIVEN NAME(S)	STUDENT NUMBER
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DEPARTMENT, COLLEGE, or PROPOSED PROGRAM:

PART 2 - to be completed by Respondent

To assist the College of Graduate and Postdoctoral Studies in evaluating applications, it is important that these ratings represent a consistent standard. After each trait to be evaluated, please mark the box that most nearly represents your opinion. On each item, compare the candidate with a representative group that you have known during your professional career. If you feel that you lack sufficient knowledge to give a definite rating on any item, give your best estimate of his/her ability on that scale, or else check the box for "Inadequate Opportunity to Observe".

NOTE: In a group of 100 students with approximately the same amount of experience and training the candidate would rank:	Outstanding Top 10%	Above Average Next 20%	Average Next 20%	Below Average Lower 50%	Inadequate Opportunity to Observe
Background Preparation					
Originality					
Research Ability & Potential					
Industry					
Judgment					
Verbal & Written Communication Skills					
Overall Ability					

Please provide a statement which gives information related to the candidate's strengths or weaknesses, especially his/her qualifications to carry on advanced study and research. If you can compare this student with others known to you who have attended or are now applying to this University, we would welcome such comparison. This statement must be completed in the space provided or be an attached original letter on official letterhead.

Statement:

I served as his/her:

Research Advisor
Immediate Supervisor
Major Supervisor
Associate
Instructor in Courses
Other (please specify:

Please check one:

I recommend this applicant for graduate studies

I DO NOT recommend this applicant for graduate studies

(Name)

(Signature)

DATE: _____

Position:

College or University:

Address:

E-mail: