VISION: SCIENCE TO APPLICATIONS (VISTA)
LETTER OF RECOMMENDATION

It is recommended that you save this form before completion and printing.   Please note: all fields are mandatory.

Student Information (please print)		
Student number	Last name/Family Name	Given Name(s)
Program Applied To	Session	Application Deadline

1. Applicant Familiarity
How long have you known the applicant and in what capacity? How well do you know the applicant?

2. Applicant Rating
Please indicate 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/professional career.

Demonstrated academic ability	Academic Potential	Originality/creativity
Oral expression	Written expression	Initiative
Perseverance	Ability to work independently	Professional ability (where relevant)

3. Degree Completion
The likelihood that the applicant will complete the degree is:

Very Likely	Likely	Unlikely	Very Unlikely	Not Applicable

4. Comparable Program
If applicable, 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. Thesis/Dissertation Supervision
If applicable, how likely is it that you would agree to supervise the applicant's thesis/dissertation, if you have common research?

Very Likely	Likely	Unlikely	Very Unlikely	Not Applicable

6. Comments

Please comment on your recommendation of the applicant (maximum 3000 characters).

7. Information About Referee

Name	Position	Department

Institution	E-mail

After filling in all the fields of the form, save or print the document and submit it using one of these methods:

E-mail: applyvista@yorku.ca

Mail: Vision: Science to Applications (VISTA)
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