VISTA

VISION: SCIENCE TO APPLICATIONS

YORK UNIVERSITY

YORK U
UNIVERSITÉ UNIVERSITY

LETTER OF RECOMMENDATION

STUDENT INFORMATION

FULL NAME:

LAST   FIRST   STUDENT NUMBER

PROGRAM APPLIED TO:

SESSION: APPLICATION DEADLINE:

APPLICANT FAMILIARITY

HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY? HOW WELL DO YOU KNOW THE APPLICANT?

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.
(RATING 1 BEING THEIR WEAKNESSES & 5 BEING THEIR STRENGTHS)

DEMONSTRATED ACADEMIC ABILITY
① ② ③ ④ ⑤

ACADEMIC POTENTIAL
① ② ③ ④ ⑤

PERSEVERANCE
① ② ③ ④ ⑤

ABILITY TO WORK INDEPENDENTLY
① ② ③ ④ ⑤

WRITTEN EXPRESSION
① ② ③ ④ ⑤

INITIATIVE
① ② ③ ④ ⑤

ORIGINALITY/CREATIVITY
① ② ③ ④ ⑤

ORAL EXPRESSION
① ② ③ ④ ⑤

PROFESSIONAL ABILITY
① ② ③ ④ ⑤

DEGREE COMPLETION

THE LIKELIHOOD THAT THE APPLICANT WILL COMPLETE THE DEGREE IS:

VERY UNLIKELY ① ② ③ ④ ⑤ **LIKELY**

COMPARABLE PROGRAM

IF APPLICABLE, HOW LIKELY IS IT THAT THE APPLICANT WOULD BE ACCEPTED INTO A COMPARABLE PROGRAM AT YOUR INSTITUTION?

VERY UNLIKELY ① ② ③ ④ ⑤ **LIKELY**

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 UNLIKELY ① ② ③ ④ ⑤ **LIKELY**

COMMENTS

PLEASE COMMENT ON YOUR RECOMMENDATION OF THE APPLICANT (MAXIMUM 3000 CHARACTERS).

INFORMATION ABOUT REFEREE

FULL NAME:

POSITION: DEPARTMENT:

INSTITUTION: EMAIL:

METHODS TO SUBMIT THIS FORM

EMAIL: **APPLYVISTA@YORKU.CA**   MAIL: **VISION: SCIENCE TO APPLICATIONS (VISTA)**

YORK UNIVERSITY, 006 STEACIE BUILDING

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SIGNATURE   DATE