

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

ABILITY TO WORK INDEPENDENTLY

① ② ③ ④ ⑤

ORIGINALITY/CREATIVITY

① ② ③ ④ ⑤

ACADEMIC POTENTIAL

① ② ③ ④ ⑤

WRITTEN EXPRESSION

① ② ③ ④ ⑤

ORAL EXPRESSION

① ② ③ ④ ⑤

PERSEVERANCE

① ② ③ ④ ⑤

INITIATIVE

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

4700 KEELE STREET, TORONTO, ONTARIO

CANADA, M3J 1P3

SIGNATURE

DATE