

Letter of Reference to support **Application for Graduate Admission**

Faculty of Graduate & Postdoctoral Studies

Phone: 780.492.3499 Fax: 780.492.0692 2-29 TRIFFO HALL ualberta.ca/graduate-studies/ To Applicant: complete shaded area before sending this form to your referee. First and Middle Name(s) Department applying to Degree applying for Area of specialization To the Referee: We are particularly interested in the applicant's ability to carry on advanced study and research, teaching ability, potential for successful study in the applicant's field, and weaknesses, if any. We would appreciate knowing the basis for your statements. Please return to the department address above. **General Appraisal** (use reverse side if necessary) Knowledge of Applicant: In what capacity and for how long have you known the applicant? (eg, as teacher, supervisor, employer.) I was the applicant's ___ for ____ years and/or ___ months between the years ____ and . In my opinion, of the _____ (number) students in this category I have supervised/dealt with in the last five years, I would rank this student in the upper _percent. Ability in the English Language: Please comment on the applicant's ability to comprehend spoken English, to teach in English, and to pursue a research problem and write a scholarly report or thesis in English. (use reverse side if necessary) Specific Abilities: For each category, check the most appropriate box. Outstanding Superior Good Average Marginal Inadequate opportunity (top 15%) (top 5%) (top 25%) (top 50%) (lower 50%) to observe O 0 O O O Academic Achievement \mathbf{O} O O O O 0 \mathbf{O} Scholarly Promise 0 O O O \mathbf{O} Research Ability O O O 0 Teaching Potential/Promise O Verbal Skills O O O O O Writing Skills O O O \mathbf{O} O O Industriousness O O O O Judgment Overall Rating **Referee Information** Academic Rank/Position E-mail Address Name Department Address and Postal Code Institution Telephone Number Date Signature of Referee

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