



REFEREE'S REPORT ON GRADUATE APPLICANT

Applicant Information

Applicant's name:	
Degree:	
Department / Faculty:	Health, Aging & Society / Social Sciences
Program / Specialization:	

PLEASE COMPLETE THE FOLLOWING SECTIONS:

In what capacity, how well, and how long have you known the applicant?

Does your university offer the graduate degree program this applicant seeks?

If yes, does the applicant meet the minimum admission requirements for acceptance to this program at your university?

Please rate the applicant as follows: 0 = poor, 1 = fair, 2 = good, 3 = very good, 4 = excellent, 5 = outstanding

	Rank	Remarks (not mandatory)
Intellectual Ability	<input type="text"/>	<input type="text"/>
Originality	<input type="text"/>	<input type="text"/>
Oral Communication	<input type="text"/>	<input type="text"/>
Written Communication	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>
Work Habits	<input type="text"/>	<input type="text"/>
Potential Teaching Ability	<input type="text"/>	<input type="text"/>
Potential Research Ability	<input type="text"/>	<input type="text"/>

Please comment on the applicant's academic strengths and potential for completing a graduate program. Providing substantive comments with examples will greatly assist McMaster University in evaluating the applicant. You may enter your comments in the box below or attach a letter on department letterhead.

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For students whose first language is not English, please rank the applicant's ability (excellent, good, satisfactory, poor), and comment in the box below on the applicant's English competency.

a. Understand lectures conducted in English	
b. Read widely in English	
c. Express herself/himself in written English	
d. Express herself/himself in spoken English	

Please comment on applicant's English competency.

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Referee Information

Title/Position:	
Name:	
Institution or company name:	
Mailing address:	
Phone:	
Fax:	
Email:	

McMaster University Graduate Program Address

Program Name:	Department of Health, Aging & Society
Program Address:	Kenneth Taylor Hall 226-1280 Main St. W., Hamilton, ON L8S 4M4, Canada
Phone:	905-525-9140 ext. 27961
Fax:	N/A
Email:	brownc88@mcmaster.ca

Date Submitted: _____

This Confidential Report must be both prepared and submitted by the referee named above. Evidence to the contrary will lead to the cancellation of any offer of admission (accepted or not accepted), or withdrawal of the student from the University. It is the policy of the University to treat letters of reference as confidential documents. However, under the Freedom of Information Legislation, the contents of any letters of reference may be disclosed provided the identity of the writer remains confidential.