

**LETTER OF RECOMMENDATION
CONFIDENTIAL**

**THE UNIVERSITY OF WESTERN ONTARIO
Faculty of Graduate Studies**

Name of Applicant (Please print)

Degree sought: Master's Doctoral
Program Discipline _____

TO THE REFEREE

If you prefer to present your evaluation of the candidate in the form of a letter, feel free to do so. Send the form or letter to the

Graduate Affairs Committee, Department of Mathematics
University of Western Ontario
London, Ontario, Canada N6A 5B7

or email: jwilliam@uwo.ca

How long have you known the candidate, and in what capacity? Give approximate dates.

If you have recommended previous students to us for graduate study, please rank this candidate in relation to them in overall aptitude for scholarly activity.

Please compare the candidate with other students of the applicant's level of training by checking the area which best represents your opinion.

	Top 2%	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	No good basis for judgment
Intellectual ability							
Originality of thought							
Aptitude for scientific research or scholarly work							
Ability to express himself/herself	Orally						
	In writing						
Initiative							
Perseverance							

Would you accept this student into your own University for the degree he/she requested? Yes No

In an attached page, please provide a full evaluation of the candidate. You may send or email this reference to the address above. If emailing, please use your professional email address; if mailing, please use your institution's letterhead.

Name (Please Print)

Position

Signature

Institution

Department

Address

Date

e-mail