

Letter of Recommendation

Office of Admissions (Graduate)

It is recommended that you save this form before completion and printing.

Please note: all fields are mandatory.

Student Information (please print)

Student Number	Last Name/Family Name	Given Name(s)
Program Applied To	Session	Application Deadline

1. Applicant Familiarity

How long have you known the applicant and in what capacity? How well do you know the applicant?

2. 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.

Demonstrated academic ability	Academic potential	Originality/creativity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Oral expression	Written expression	Initiative
<input type="text"/>	<input type="text"/>	<input type="text"/>
Perseverance	Ability to work independently	Professional ability (where relevant)
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Degree Completion

The likelihood that the applicant will complete the degree is:

<input type="checkbox"/> Very Likely	<input type="checkbox"/> Likely	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Very Unlikely	<input type="checkbox"/> Not Applicable
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4. Comparable Program

If applicable, how likely is it that the applicant would be accepted into a comparable program at your institution?

<input type="checkbox"/> Very Likely	<input type="checkbox"/> Likely	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Very Unlikely	<input type="checkbox"/> Not Applicable
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5. 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?

<input type="checkbox"/> Very Likely	<input type="checkbox"/> Likely	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Very Unlikely	<input type="checkbox"/> Not Applicable
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6. Comments

Please comment on your recommendation of the applicant (maximum of 500 words).

7. Information About Referee

Name	Position	Department
Institution	E-mail	

After filling in all fields of the form, print using the PRINT button at the top right of the of form and submit it using one of these methods:

Mail:
York University
Office of Admissions (Graduate)
4700 Keele Street
Toronto, Ontario
Canada, M3J 1P3

Fax: 416-736-5536
docshare@yorku.ca

