



2. Please provide additional comments on your assessment of this person's capacity to successfully complete our doctoral program.

Would you accept this student in your program : Yes No N/A

I recommend this person : Very strongly Strongly With reservation Not at all

3. Based on your experience with this person, please describe his or her strong points, weak points, and any aspects that have especially stood out to you.

↪ Identification of respondent		
<hr/>		
Last name		First name
<hr/>		<hr/>
Position		Employer
<hr/>		<hr/>
Address :		
<hr/>		
Phone (company)		Phone (other)
<hr/>		<hr/>
Signature	Date	Email
<hr/>	<hr/>	<hr/>

Please send this form as soon as possible, either by mail to the proper campus (see address on reverse) or by email, to the program address provided in the « Contact » section of our website.

Thank you for your cooperation !