

TO BE COMPLETED BY REFEREE

This report is CONFIDENTIAL and must be completed by the student's proposed advisor or a faculty member from any academic institution with special knowledge of the student. Submit, along with Letter of Support, to: Riddell Faculty Graduate Program Coordinator, 440 Wallace Building, University of Manitoba, Winnipeg, Manitoba, R3T 2N2 riddell.graduate@umanitoba.ca

Last Name of Applicant	First Name
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The information provided on this form is most important to the Awards Committee in evaluating the suitability of the candidate for receiving the UMGF. You are therefore asked to give detailed information (both pros and cons) about the candidate.

A letter of Support must accompany this form.

I have known this applicant for _____ (#) years in the capacity as his/her _____ (professor, advisor, committee etc.) On the basis of my experience with _____ (#) students at a similar level over _____ years, I would give this student the following rating:

RATING FORM

	EXCEPTIONAL		EXCELLENT		VERY GOOD	GOOD	ACCEPTABLE	UNABLE TO JUDGE
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	
Academic Preparation								
Demonstrated scholarly ability								
Demonstrated Research ability								
Student's Research Proposal								
Communication Skills (written)								
Communication Skills (oral)								
Industriousness/ Motivation								
Creativity								
Originality								
Judgement								

PLEASE ELABORATE ON THE ABOVE RATINGS BY ATTACHING AN ADDITIONAL LETTER OF SUPPORT (REQUIRED)

Name of Respondent (Print)	Signature
Position	Institution