

UNIVERSITY OF MANITOBA  
FACULTY OF GRADUATE STUDIES

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LETTER TO SUPPORT APPLICATION FOR ADMISSION

Full Name of  
Applicant: \_\_\_\_\_

(Family Name)

(Given Name)

Department to which  
Applicant is applying: \_\_\_\_\_

U. of M. Student /  
Reference Number: \_\_\_\_\_

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The information in this report will be considered confidential. We are particularly interested in the applicant's ability to carry on advanced study and research, teaching ability, promise for a successful career in the field, and any weaknesses, (e.g. inability to maintain sustained effort). If the applicant's first language is not English, please give your assessment of his/her ability in English. We would appreciate knowing the basis of your general assessment.

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Among approximately \_\_\_\_\_ students I have known at the same stage in his/her field in recent years, I would rank this applicant in the upper \_\_\_\_\_ %. I (would) or (would not) accept this applicant as a graduate student.

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

Institution: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Please return form to department to which applicant is applying:

Date: \_\_\_\_\_

Department of \_\_\_\_\_  
The University of Manitoba,  
Winnipeg, Manitoba, R3T 2N2, Canada.