

**UNIVERSITY OF MANITOBA
DEPARTMENT OF PREVENTIVE DENTAL SCIENCE
GRADUATE ORTHODONTIC PROGRAM REFERENCE FORM**

NAME OF APPLICANT

NAME OF REFEREE

YEAR OF APPLICATION

	100-80 (Exceptional)	79-65	64-51	50 (Average)	49-0	Unable To Judge
Background Preparation						
Industry/Perseverance						
Motivation/Initiative						
Organizational Ability						
Skill at Research (demonstrated)						
Skill at Research (potential)						
Judgement/Critical Sense						
Intellectual Ability						
Originality (demonstrated)						
Originality (potential)						
Interpersonal Skills						
Supervisory Skills						

REFEREE SIGNATURE _____ PRINT NAME

NOTE TO REFEREE: Please attach a letter of reference that provides insight into the candidates strengths and weaknesses relative to the demands of graduate education and research and future career goals such as clinical practice or academia.

Please Return to:

Faculty of Graduate Studies Admissions
Room 500 University Centre
Faculty of Graduate Studies
University of Manitoba
Winnipeg, MB R3T 2N2 Canada