

**UNIVERSITY OF MANITOBA
DEPARTMENT OF PREVENTIVE DENTAL SCIENCE
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 Letter & Form c/o Cathy Watt to:

Dr. W.A. Wiltshire
Director, Graduate Orthodontic Program
Department of Preventive Dental Science
Faculty of Dentistry
University of Manitoba
Winnipeg, MB R3E 0W2 Canada