

**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 the Graduate Program Coordinator: riddell.graduate@umanitoba.ca

Name of Applicant

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 their \_\_\_\_\_ (professor, advisor, committee member 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