

UMGF Referee Form

This report is CONFIDENTIAL and must be completed by the student's advisor or a faculty member from any academic institution with special knowledge of the student.

Last Name of Applicant	First Name
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THIS REPORT CONSISTS OF THREE PARTS AND ALL PARTS MUST BE COMPLETED:

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.

PART 1:

I have known this applicant for _____ (#) years in the capacity as his/her _____ (professor, advisor, committee etc.) I have taught approximately _____ graduate students, and served on committees for approximately _____ graduate students.

PART 2: RATING FORM

Using the following scale, I would rank the applicant **relative to other students within their peer group** as follows:

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated scholarly ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated Research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's Research Proposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills (written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills (oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industriousness/ Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Respondent (Print)	Signature
Position	Institution

PART 3: PLEASE ELABORATE ON THE ABOVE RATINGS BY ATTACHING AN ADDITIONAL LETTER OF SUPPORT (REQUIRED)

Submit to: By Mail
Graduate Program Assistant
Department of Anthropology
University of Manitoba
432 Fletcher Argue Building
Winnipeg, MB, R3T 5V5
CANADA

Please note if you are submitting reference letter by mail the letter must be printed on institutional letter head and the envelope must be sealed and signed by referee.

By Email

Madeleine.hoskins@umanitoba.ca

Please note if you are submitting a reference letter via email you must send it from your institutional email address

Deadline: January 15