

PART II – 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 to: Riddell Faculty Graduate Program Coordinator, 440 Wallace Building, University of Manitoba, Winnipeg, Manitoba, R3T 2N2

Last Name of Applicant	First Name						
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. (2.1) How long have you known this student and in what capacity? (professor, supervisor, committee member etc.) (2.2) Check the boxes that most nearly represent your opinion of the candidate in comparison with a representative group of individuals you have known who have had approximately the same training and experience. (2.3) The letter of support should be typed in black, as the material must be duplicated for the peer review process.							
2.1 I have known this applicant for _____ (#) years in the capacity as his/her _____ (professor, advisor, committee etc.) On the basis of my experience with _____ (#) students at a similar level over _____ years, I would give this student the following rating:							
2.2 RATING FORM (Note: Ratings should be consistent with information contained within the body of the application form – including the marks on the transcripts)							
	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							
2.3 PLEASE ELABORATE ON THE ABOVE RATINGS BY ATTACHING AN ADDITIONAL LETTER OF SUPPORT (REQUIRED)							
Name of Respondent (Print)				Signature			
Position				Institution			