Department of Medical Biophysics

University of Toronto

Dear Colleague:

You have been selected as a referee to support an application for admission to graduate studies in the Department of Medical Biophysics, University of Toronto. We would greatly appreciate your confidential assessment on this form. If you prefer, you may write a more traditional narrative letter giving the information requested. This form (and/or your letter) can be uploaded directly online (preferred method), mailed directly to the address indicated below or returned to the student in a signed and sealed envelope to give to our office.

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| --- | --- |
| **Part 1.** | |
| Name of Student: |  |
| Your Name (Referee): |  |
| Mailing Address: | |
|  | **Admissions Office Dept of Medical Biophysics** Princess Margaret Cancer Research Tower 101 College Street, Rm. 15-708, Toronto, Ontario, M5G 1L7, CANADA |

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| **Part 2.** |
| 1. Please specify how you know this student (i.e. as an undergraduate supervisor, student lecturer, co-op)? |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. I was acquainted with this student's work during the period: | | | | | | | |
|  |  |  |  | to |  |  |  |
|  | Month |  | Year |  | Month |  | Year |

|  |  |  |
| --- | --- | --- |
| My opportunity to observe his/her academic record and scientific ability during this period was: | | |
|  |  | Excellent |
|  |  | Good |
|  |  | Fair |
|  |  | Poor |

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| --- | --- |
| 3. His/her field of study was (specify): |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4. In comparison with other students of comparable experience, indicate with an "X" your judgement of the following characteristics of the applicant: | | | | | | | | |
|  | Below Average | Average | Above Average | Good | Excellent | Out-  standing | Truly Exceptional | Inadequate opportunity to observe |
| A typical group of **100 students** at his/her level might be expected to divide like this: | Lowest  40 | Middle  20 | Next Highest  15 | Next  15 | Highest  10 | | |  |
| a) Academic achievement |  |  |  |  |  |  |  |  |
| b) Mastery of knowledge |  |  |  |  |  |  |  |  |
| c) Design of research projects |  |  |  |  |  |  |  |  |
| d) Laboratory skill |  |  |  |  |  |  |  |  |
| e) Originality & creativity |  |  |  |  |  |  |  |  |
| f) Industry |  |  |  |  |  |  |  |  |
| g) Judgement |  |  |  |  |  |  |  |  |
| h) Self reliance |  |  |  |  |  |  |  |  |
| i) Growth during period observed |  |  |  |  |  |  |  |  |
| j) Overall assessment |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| 5. Would you want to have this person as a graduate student in your laboratory? | Yes |  | No |  |
| 6. This Department is only able to place about one quarter of those students who apply for graduate studies each year. Taking into consideration this fact and the answers you have given to the above questions, to what extent do you recommend the student for admission to graduate studies? Please use a scale from 1 – 10 (1=Do not recommend, 10=Recommend as strongly as possible):  Your Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| 7. In the space below please paste your reference letter with your institution logo and signature. This will assist in providing a complete picture of the student. | | | | | |
| Your Institution Logo  Date  Signature  Your Name  Position  Institution  Address  Phone Number  Email Address | | | | | |

This letter is strictly confidential.