

ACADEMIC REFERENCE FOR ADMISSION TO GRADUATE STUDIES

Please ensure that all 3 pages of the reference form are submitted together

SECTION 1:

- MR MS
 MISS MRS

Surname/Family Name

Given/First Name(s)

Has applied to study for the degree of:

- | | | |
|---|---|---|
| <input type="checkbox"/> Master of Arts in Economics | <input type="checkbox"/> Master of Science in Biology | <input type="checkbox"/> PhD in Biotechnology |
| <input type="checkbox"/> Master of Arts in English | <input type="checkbox"/> Master of Science in Chemistry | <input type="checkbox"/> PhD in Chemistry & Materials Science |
| <input type="checkbox"/> Master of Arts in History | <input type="checkbox"/> Master of Science in Computer Science | |
| <input type="checkbox"/> Master of Arts in Clinical Psychology | <input type="checkbox"/> Master of Science in Economics | |
| <input type="checkbox"/> Master of Arts in Sociology | <input type="checkbox"/> Master of Science in Geology | |
| <input type="checkbox"/> Master of Business Administration(MBA) | <input type="checkbox"/> Master of Science in Physics | |
| <input type="checkbox"/> Master of Education | <input type="checkbox"/> Master of Science in Mathematical Sciences | <input type="checkbox"/> PhD in Clinical Psychology |
| <input type="checkbox"/> Master of Environmental Studies – Nature-based Tourism & Rec | <input type="checkbox"/> Master of Science in Psychological Science | <input type="checkbox"/> PhD in Psychological Science |
| <input type="checkbox"/> Master of Environmental Studies – Northern Environments & Cultures | <input type="checkbox"/> Master of Science in Kinesiology | |
| <input type="checkbox"/> Master of Social Work | <input type="checkbox"/> Master of Science in Management | |
| <input type="checkbox"/> Master of Health Sciences | <input type="checkbox"/> Master of Science in Control Engineering | |
| <input type="checkbox"/> Master of Public Health | <input type="checkbox"/> Master of Science in Electrical and Computer Engineering | |
| | <input type="checkbox"/> Master of Science in Environmental Engineering | |
| | <input type="checkbox"/> Master of Science in Forestry | <input type="checkbox"/> PhD in Forest Sciences |
| <input type="checkbox"/> <i>with Specialization in Gerontology</i> | <input type="checkbox"/> Master of Public Health – Nursing | <input type="checkbox"/> PHC Nurse Practitioner |
| | <input type="checkbox"/> <i>with Specialization in Women's Studies</i> | |

SECTION 2: TO BE COMPLETED BY THE REFEREE:

The information in this report will be considered confidential and will not be released to the applicant or anyone outside Lakehead University. We are particularly interested in the applicant's ability to undertake advanced study and research. We would appreciate knowing the basis for your statements.

1. I know the candidate in my capacity as _____
 during the period of _____ to _____
 (month/year) (month/year)

2. In comparison with other students at the applicant's level, please indicate where you would rank this applicant:
 TOP 5% 10% 25% 40% Below Average

3. Compared to other students at the same level, please evaluate the applicant in the following respects:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Academic Preparedness					
Ability to Communicate: Orally					
Written					
Creativity & Capacity for Independent Thinking					
Initiative & Seriousness of Purpose					
Judgement					
Research Skill / Potential					
Overall Ability					

4. Please elaborate on this assessment and provide any additional information regarding this applicant which which is not apparent in the academic transcripts. Other relevant comments may be included that provide a complete picture of the applicant's abilities and potential. *(You may supply an additional letter as an attachment to this form, if necessary).*

5. Recommendation for Admission to Graduate Studies:

<p>CHECK ✓ <u>ONE ONLY</u></p> <p><input type="checkbox"/> I HIGHLY RECOMMEND THE APPLICANT</p> <p><input type="checkbox"/> I RECOMMEND THE APPLICANT</p> <p><input type="checkbox"/> I RECOMMEND THE APPLICANT WITH RESERVATION</p> <p><input type="checkbox"/> I DO NOT RECOMMEND THE APPLICANT</p>
--

NOTE: One (1) copy of this Letter of Reference must be submitted to Lakehead University directly from the referee or by the applicant in an envelope that has been sealed and signed by the referee over the envelope seal.

NAME OF REFEREE: _____	DATE: _____
SIGNATURE: _____	TITLE: _____
INSTITUTE: _____	PHONE: _____
MAILING ADDRESS: _____	
E-MAIL: _____	

PLEASE RETURN ONE (1) COPY OF EACH REFERENCE TO:

**FACULTY OF GRADUATE STUDIES
955 OLIVER ROAD
THUNDER BAY, ONTARIO
CANADA
P7B 5E1**