

Recommendation for
MD/PhD-MD/Master's Program

School of
Medicine

School of
Graduate Studies



Please complete form and letter.
Please email to queensmd@queensu.ca

I To the Applicant: Complete this section before sending it to the referee.

Mr. Ms Miss Mrs. Other

_____ has applied to the MD/PhD-MD/Masters Program
Surname (Use your full name) Given

II To the Referee: The Deans of the Schools of Medicine and of Graduate Studies would appreciate your appraisal of the above applicant on this form. This information will be confidential.

I have known the applicant from _____ to _____ in the following capacity _____.
M Y M Y

In your experience, relative to other students at the same level, evaluate the applicant in the following respects:

	Excellent Top 5%	Very Good Top 10%	Good Top 30%	Fair Top 40%	Less than Top 60%	Remarks
Demonstrated Academic Ability						
Judgement						
Initiative						
Demonstrated Research Potential						
Work Habits						
Oral Expression						
Written Expression						

Please enclose a letter on your usual stationery, expanding on the above assessment and commenting on the candidate's research abilities and accomplishments, and potential for success as a physician-scientist.

Please forward this form and your reference letter on or before October 14, 2019 directly to:

MD/PhD-MD/Master's Program
Queen's University
queensmd@queensu.ca

Phone _____ Fax _____ Email address _____

Name (print) _____ Position _____ Signature _____

Department _____ Institution _____ Date _____