

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<br>Top 5% | Very Good<br>Top 10% | Good<br>Top 30% | Fair<br>Top 40% | Less than<br>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 13, 2020 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 \_\_\_\_\_