

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

School of  
Medicine

School of  
Graduate Studies



Please complete form and seal in an envelope.  
Please sign the envelope across the seal.

**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 15, 2018 directly to:**

MD/PhD-MD/Master's Program  
Queen's University  
80 Barrie St.  
Kingston, ON K7L 3N6

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_

Name (print) \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_