



**IF AN INTERNATIONAL STUDENT, PLEASE INDICATE THE APPLICANT'S ENGLISH LANGUAGE COMPETENCY**

Is the applicant's first language English?  Yes  No

If no, please assess your view of the applicant's competency in English:

Written	<input type="checkbox"/> Fluent	<input type="checkbox"/> Quite fluent	<input type="checkbox"/> Working knowledge	<input type="checkbox"/> Basic knowledge	<input type="checkbox"/> Little or no knowledge
Read	<input type="checkbox"/> Fluent	<input type="checkbox"/> Quite fluent	<input type="checkbox"/> Working knowledge	<input type="checkbox"/> Basic knowledge	<input type="checkbox"/> Little or no knowledge
Oral	<input type="checkbox"/> Fluent	<input type="checkbox"/> Quite fluent	<input type="checkbox"/> Working knowledge	<input type="checkbox"/> Basic knowledge	<input type="checkbox"/> Little or no knowledge

**FOR ACADEMIC REFEREES ONLY**

If this applicant were applying to a graduate program at your institution, would you.

- Accept without reservations
- Accept with reservations\*
- Accept to a qualifying year only
- Reject

\*Explain any reservations

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**FOR NON-ACADEMIC REFEREES ONLY**

Would you recommend that the applicant be accepted into a graduate program?  Yes  No

Explain any reservations

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Additional comments on the applicant's: 1) ability to carry on advanced study and research; 2) teaching ability; 3) promise for a successful career in this field; 4) weaknesses, if any; and 5) communication skills (oral and written). Indicate the basis of your general assessment. Please feel free to add an extra page if necessary.

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Signature of referee

Date

Reference letters are to be placed in an envelope, endorsed across the back seal, and returned to the applicant. Applicants are not to open the envelope. If a referee is reluctant to follow this procedure, forward the letter in a sealed endorsed envelope to Dental Clinical Sciences, Faculty of Dentistry Dalhousie University, PO Box 15000, Halifax, Nova Scotia, Canada, B3H 4R2.