

# CONFIDENTIAL REFERENCE LETTER

- To be completed by an academic or professional referee.
- Print carefully.
- 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.

## Section to be completed by applicant before passing to referee

\_\_\_\_\_  
Last name (surname/family name)

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Degree program for which you are applying

\_\_\_\_\_  
Department/school

## Following sections to be completed by referee

The information in this document will be treated as strictly confidential. The purpose of the reference is to assess the ability of the applicant to undertake advanced studies and research. Once completed, return the completed form, signed and sealed, to the applicant or send the reference to the department to which the applicant is applying.

\_\_\_\_\_  
Name of referee

\_\_\_\_\_  
Position/rank

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

## KNOWLEDGE OF APPLICANT

\_\_\_\_\_  
In what capacity (e.g. teacher, supervisor, employer) have you known the applicant?

\_\_\_\_\_  
How long have you known the applicant (years/months)?

\_\_\_\_\_  
Approximately how many students in the past 5 years and at the same level of study are you comparing the applicant to?

If you have not known the applicant in an academic or research capacity, please indicate the basis upon which you feel you are able to assess the applicant's capability for studies at the graduate level:

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**SPECIFIC ABILITIES**

For each category, place a checkmark under the most appropriate column	Outstanding (5%)	Superior (5-10%)	Good (10-25%)	Average (25-50%)	Marginal/poor (lower 50%)	No basis for judgement
Past academic achievement						
Scholarly promise						
Independent research/study capability						
English proficiency – written						
English proficiency – oral						
Creativity						
Resourcefulness						
Ability to meet deadlines						
Overall, I would rate this student as						

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**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:

<b>Written</b>	Fluent	Quite Fluent	Working knowledge	Basic Knowledge	Little or no knowledge
<b>Read</b>	Fluent	Quite Fluent	Working knowledge	Basic Knowledge	Little or no knowledge
<b>Oral</b>	Fluent	Quite Fluent	Working knowledge	Basic Knowledge	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

**For non-academic referees only**

Is the applicant's first language English?      **Yes**      **No**

Explain any reservations

## Additional comments

Additional comments on the applicant's: 1) ability to carry out 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.

\_\_\_\_\_  
Signature of referee

\_\_\_\_\_  
Date



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**Dental Clinical Sciences | Dalhousie University | 5981 University Avenue | PO Box 15000 | Halifax, NS B3H 4R2 Canada**