

Applicant Evaluation

Applicant/Candidate:

Degree applied for:

The candidate named above has applied for admission to the graduate program in the Department of Psychiatry of McGill University. In order to assist the Department in evaluating the candidate's suitability for the program, we would very much appreciate your candid appraisal of the student's ability to carry out graduate studies. Please answer the following questions by checking the box which represents your opinion of the applicant in comparison with individuals who have had approximately the same training and experience.

Overall Evaluation

Percentiles:	Outstanding Top 2%	Excellent Top 10%	Very Good Top 25%	Good Top 50%	Fair/Poor Bottom 50%	Unable to Judge
Industry/perseverance						
Motivation						
Initiative						
Maturity						
Interpersonal facility with staff						
Demonstrated skill in research						
Judgement/ critical sense						
Intellectual ability						
Demonstrated productivity						
Potential productivity						
Ability in written communication						
Ability in oral communication						

1. If the candidate had applied to graduate studies in your department, would you:

- Accept him/her readily
- Accept him/her with slight reservations
- Accept him/her with moderate reservations
- Not accept him/her

2. In your opinion, would the candidate probably:

- Complete the degree without difficulty
- Complete the degree with slight difficulty
- Complete the degree with moderate difficulty
- Be unlikely to complete the degree



3. Has the candidate demonstrated originality in his/ her previous work?
- Yes
 - No
 - Unable to judge
4. If not, do you believe that the candidate is capable of undertaking original work?
- With no difficulty
 - With slight difficulty
 - With moderate difficulty
 - With great difficulty

In a separate letter, please provide any comments on the candidate's past performance, in particular, those which you consider relevant to our assessment of the candidate.

Relationship of the Referee to the Applicant:

- Instructor in _____course(s)
- Thesis supervisor
- Other Please specify:

Name and Title (please print):

Signature: _____ Date:

NB: *Referees who are residents of Quebec*: Please be aware that under Québec access legislation, the candidate has the right to request access to your evaluation, whether favorable or unfavorable. The legislation also specifies that if this request is made, your name must also be made available to the candidate.

NB: *Referees who are non-residents of Quebec*: Please be aware that under Québec access legislation, the candidate has the right to request access to your evaluation, whether favorable or unfavorable. The University will not, however, disclose your identity to the candidate, nor anything that may lead to the discovery of your identity.

Important note: Please do not mail this form. McGill University requires that you upload this form along with letter(s) of reference. Detailed instructions can be found at www.mcgill.ca/gradapplicants/apply/submitting-your-documents.

For further information please contact the Graduate Programme Coordinator at:

Department of Psychiatry
Ludmer Research & Training Building
1033 Pine Avenue West
Montreal, QC, H3A 1A1
Email: Graduate.psychiatry@mcgill.ca
Phone: (514) 398-4176
Fax: (514) 398-4370