



Recommendation (select one):

<input type="checkbox"/> I recommend this applicant for a College of Medicine Postdoctoral Fellowship
<input type="checkbox"/> I do not recommend this applicant for a College of Medicine Postdoctoral Fellowship

Applicant Information:

Name	
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Referee Information:

In a group of 100 students with approximately the same amount of work experience and training the

Name	
Position	
College of University	
Address	
Email	
Phone	
I serve(d) as his/her	

candidate would rank (please enter the numeric value associated with your ranking below):

1. Outstanding Top 10%
2. Above Average Next 20%
3. Average Next 20%
4. Below Average Lower 50%
5. Inadequate Opportunity to Observe

Background Preparation	
Originality	
Research Ability and Potential	
Industry	
Judgement	
Verbal and Written Communication Skills	
Overall Ability	



UNIVERSITY OF SASKATCHEWAN

College of Medicine

MEDICINE.USASK.CA

Statement:

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Referee Signature	
Date	

Please email this document to ovdr.grad@usask.ca before 15 January 2019. This document is confidential and under no circumstances should it be shown to the applicant or the proposed supervisor.