



Recommendation (select one):

| |
|---|
| I recommend this applicant for an HSGS |
| I do not recommend this applicant for an HSGS |

Applicant Information:

| | | |
|----------------|-----|-----|
| Name | | |
| Student Number | | |
| Program | MSc | PhD |

Referee Information:

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

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

Health Science Graduate Scholarship
Supervisor

Letter of Recommendation

Statement:

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|--|
| |
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| Financial Commitment | |
|---|--|
| The supervisor also agrees to contribute the necessary funds required to match the HSGS award. Please select which amount is correct for your student applicant. | |
| MSc \$12,500/year | |
| PhD \$15,000/year | |
| Supervisor Signature | |
| Date | |