



Institute of Medical Science
UNIVERSITY OF TORONTO

FACULTY OF MEDICINE

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CONFIDENTIAL APPLICANT ASSESSMENT REPORT

for admission to graduate studies in the Institute of Medical Science (IMS)

Referee: Please complete the following sections.

Name of Applicant: _____
Surname First Name

Name of Referee: _____

Title or Position: _____

Institution: _____

Address:

Tel: _____ Fax: _____ Email: _____

In what capacity, and how well, and how long have you known the applicant?

Does your university offer the graduate degree program this applicant seeks?

Yes No Not applicable

If yes, would the applicant be accepted at your institution?

Yes No Not applicable

Indicate your rating of this applicant in the following categories:

Attribute	Exceptional Top 2% (A+)	Outstanding Top 10% (A)	Excellent Top 15% (A-)	Very good Next 15% (B+)	Good Next 20% (B)	Fair/Poor Bottom 50% (C or below)	Unable to assess
Intellectual capacity							
Academic preparation							
Skill at research							
Originality/ creativity							
Industry/ motivation							
Organizational skills							
Self-reliance/ independence							
Judgment							
Integrity							
English language skills							
Teaching skills							
Overall							

The Institute of Medical Science Admissions Committee would appreciate your comments on the applicant's academic strengths, weaknesses and potential for completing a graduate program. Please insert additional comments below.