## **BROCK UNIVERSITY**

## Letter of Recommendation For Admission to Graduate Studies

To the referee:

Please return this letter of recommendation directly to the Graduate Programs Office, Goodman School of Business, Brock University, St. Catharines, Ontario, Canada L2S 3A1. Tel: (905) 688-5550, ext. 4156. Fax: (905) 688-4286.

This area to be con	npleted by applicant	
Please complete and for	orward to an individual who is well acquainted w	rith your education and abilities.
Name of applicant		
	Surname or family name [please print]	Given Names
International Master of Certificate in Adminis	Iministration (International Student Program) MBA (ISI of Accountancy (IMAcc) strative Studies (CAS)  Certificate Preparation Program (Business) (PMPCP)	P)
This area to be con	npleted by referee:	

	Outstanding		Above Average		Average	Below Average	Unable to
	upper 2%	upper 10%	upper 20%	upper 30%	upper 50%	lower 50%	judge
Background preparation							
Originality							
Potential research ability							
Industry/perseverance							
Judgement/critical sense							
Intellectual ability							
Oral communication							
Written communication							
Overall evaluation							

(a)	In addition to completing the table, we would appreciate further comments related to the suitability of the applicant for admission to Graduate Studies. Comment below or attach additional page.							
Com	ments:							
(b)	How long have you known the applicant and in what capacity?							
(0)								
(c)	Assuming program availability would this applicant be admitted to a graduate program in your department? yes upon no u							
(d)	In your opinion, what is the likelihood that the applicant will successfully complete a Master's degree?							
	very likely unlikely very unlikely very unlikely							
Name	of refereeDate							
Positi	on and departmentPhone Number ( )							
Inatity	ation and address							
mstitt	tion and address							
e-mai	l address (if available):							