

Please save this form on your computer and then complete it with Acrobat Reader. Do not complete directly in your browser.

Candidate

1 Write your Student ID Number (NI) :

Application for admission : Fall 20____ (September) Winter 20____ (January) Summer 20____ (May)

2 FIRST NAME LAST NAME DATE OF BIRTH (YYYY-MM-DD)

3 PROGRAM OF STUDY

TO BE COMPLETED BY THE SPONSOR

A candidate who filled an admission form at Université Laval wishes you to complete a Report on the candidate that will be added to their admission file. Thank you for answering the questions to the best of your knowledge.

Send your filled-out and signed Report on the candidate by email at documentsadmission@reg.ulaval.ca.

4 FIRST AND LAST NAME (uppercase) E-MAIL

SPONSOR'S INSTITUTION OR AGENCY TITLE

5 I have known the candidate for : ____ years (and) ____ months.

I knew the candidate as: An undergraduate A graduate student A research assistant A teacher assistant Other: _____

I was the candidate's : Research adviser Program director Teacher (one course) Teacher (several courses) Employer
 Other: _____

To be completed by the sponsor

In the rating scale below, please describe the candidate by checking each trait to be evaluated in the box that most clearly represents your opinion of him (her). Compare the candidate, on each item, with a representative group of students whom you have known during your professional career and who have had the same amount of experience and training.

In a typical group of 100 students at the same level, the candidate would stand out among the :	EXCELLENT 1 ST 5%	VERY GOOD 1 ST 15%	GOOD 1 ST 25%	PASSABLE 1 ST 50%	INSUFFICIENT KNOWLEDGE OF CANDIDATE
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, ability to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment, critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team working skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express himself/herself in writing or orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 How would you describe the chances of success of this candidate at graduate studies in comparison with other students met?
 Excellent Very good Average Weak Insufficient knowledge

7 Do you recommend this candidate?
 I highly recommend this candidate I recommend this candidate I recommend this candidate with reservation I do not recommend this candidate

To be completed by the sponsor (sequel)

8 Please write any other comments that can help provide a more complete picture of the candidate's abilities and potential for graduate work :

I read and I agree

SIGNATURE

DATE (YYYY-MM-DD)