



2009/2010 RECOMMENDATION FORM

(please print on blue paper)

Name:	U of M Student Number
Address:	Postal Code
Email address:	Program: Ph.DMaster's
Citizenship Canadian Permanent Resident	Visa Student
Department:	
Supervisor:	
Program Start Date or Proposed Program Start Date:	
Preliminary GPA calculation (last two years or equivalent)	
Recommendation made by (check one): Department	nt Faculty
Recommendation Stream (check appropriate stream):	
UMGF recommendation with admission letter Include this form with admission recommendation and all	
OR	
2. UMGF recommendation after admission	utions attended and a current University of Manitoba ned. Departmentally certified transcripts can be printed
Department Head/Grad Chair Signature	Date
FOR FGS USE ONLY	
Admission GPA	
Admission Initials	
Date forwarded to Awards	