PART II – TO BE COMPLETED BY REFEREE This report is CONFIDENTIAL and must be completed by the student's proposed advisor or a faculty member from any academic institution with special knowledge of the student.

Last Name of Applicant					First Name					
THIS REPORT CONSISTS OF THREE PARTS AND ALL PARTS MUST BE COMPLETED: The information provided on this form is most important to the Awards Committee in evaluating the suitability of the candidate for receiving the UMGF. You are therefore asked to give detailed information (both pros and cons) about the candidate.										
 (2.1) How long have you known this student and in what capacity? (professor, supervisor, committee member etc.) (2.2) Check the boxes that most nearly represent your opinion of the candidate in comparison with a representative group of individuals you have known who have had approximately the same training and experience. (2.3) The letter of support should be typed in black, as the material must be duplicated for the peer review process. 										
2.1 I have known this applicant for (#) years in the capacity as his/her (professor, advisor, committee										
etc.) On the basis of my experience with (#) students					at a similar level over years, I would give this student					
the following rating:										
2.2 RATING FORM (Note: Ratings should be consistent with information contained within the body of the application form – including the marks on the transcripts)										
	EXCEPTIONAL		EXCELLENT			VERY GOOD	GOOD	ACCEPTABLE	UNABLE TO JUDGE	
	Upper 2%	Upper 10%	Upper 15%	Upper	20%	Upper 33%	Upper 50%	Lower 50%		
Academic Preparation										
Demonstrated scholarly ability										
Demonstrated Research ability										
Student's Research Proposal										
Communication Skills (written)										
Communication Skills (oral)										
Industriousness/ Motivation										
Creativity										
Originality										
Judgement										
2.3 PLEASE ELABORATE ON THE ABOVE RATINGS BY ATTACHING AN ADDITIONAL LETTER OF SUPPORT (REQUIRED)										
Name of Respondent (Print)					Signature					
Position					Institution					