

## Letter of Recommendation

↪ <u>TO BE COMPLETED BY CANDIDATE</u>		Date : _____
Last name _____	First name _____	
Phone (home) _____	Phone (work) _____	
Specify your program (s) : _____		
⚡ <b>Check off the campus where the program is offered</b>		
<input type="checkbox"/> <b>Campus de Sherbrooke - Direction des études de 2<sup>e</sup> et de 3<sup>e</sup> cycles, Faculté d'administration 2500, boulevard de l'Université, Sherbrooke (Québec) J1K 2R1 - Télécopieur : 819-821-7364</b>		
<input type="checkbox"/> <b>Campus de Longueuil - Direction des études de 2<sup>e</sup> et de 3<sup>e</sup> cycles, Faculté d'administration 150, place Charles-Le Moyne, bureau 200, Longueuil (Québec) J4K 0A8 - Télécopieur : 450-670-1848</b>		

The Admissions Committee receives many valid applications each year. It assigns great importance to the personal qualities of candidates. Please provide a very honest evaluation of the candidate.

The candidate will have access to the letter of reference upon a request, by the candidate, addressed to the Registrar's Office, pursuant to the Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information (R.S.Q., Chapter A-2.1) and subject to other application dispositions of the law, as soon as the University has issued a final decision regarding the candidate's admission.

I have know the candidate for : \_\_\_\_\_ years (and) \_\_\_\_\_ months

In my capacity as :    Research Director                       Professor                       Employer   
 Other :  \_\_\_\_\_

**1. Using the following grid, please rate the candidate in relation to all students or professionals ans managers that you have known over the course of your career.**

	Exceptional Among top 5	Excellent Among top 10	Very Good Among top 15	Average Among top 25	Poor Among top 45	Unable to assess
Intellectual capacity						
Creativity and aptitude for research						
Social skills						
Motivation, perseverance						
Written expression						
Oral expression						
Overall assessment						



2. Please provide additional comments on your assessment of this person's capacity to successfully complete our doctoral program.

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Would you accept this student in your program : Yes  No  N/A

I recommend this person : Very strongly  Strongly  With reservation  Not at all

3. Based on your experience with this person, please describe his or her strong points, weak points, and any aspects that have especially stood out to you.

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↪ Identification of respondent		
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Last name		First name
Position		Employer
Address :		
Phone (company)		Phone (other)
Signature	Date	Email

Please send this form as soon as possible, either by mail to the proper campus (see address on reverse) or by email, to the program address provided in the « Contact » section of our website.

**Thank you for your cooperation !**