

APPLICANTS: Please fill in the first portion of this form only and mail or email a copy of this form to each referee.

REFEREES: To ensure confidentiality, referees are requested to:

- enclose the completed form in an envelope
- SEAL and SIGN the envelope across the seal
- forward the sealed envelope to the applicant, or
- send it by mail to OPD
- or fax the form directly to OPD.

Please note that these documents are CONFIDENTIAL and will not be disclosed to the applicant.

Forms should be mailed to:

**Osgoode Professional Development**  
1 Dundas Street West  
Suite 2600, P.O. Box 42  
Toronto, ON M5G 1Z3  
ATTENTION: Admissions  
Fax: 416. 597. 9736

**1. APPLICANT INFORMATION**

<i>Name of Applicant</i>	<i>LLM Specialization</i>
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2. How long have you known the applicant and in what capacity? In your judgment what are the applicant's major strengths and weaknesses?

3. Please indicate your rating of this applicant in the categories listed below, comparing him/her with other potential graduate students.

OUTSTANDING	EXCELLENT	ABOVE AVERAGE	AVERAGE	NOT KNOWN
Upper 5%	Upper 10%	Upper 25%	Upper 50%	

**Demonstrated Academic Ability**

**Academic potential**

**Ability to express himself/herself (orally)**

**Ability to express himself/herself (in writing)**

**Initiative**

**Perseverance**

**Ability to work independently**

4. The likelihood that the applicant will complete the LLM degree is:

**Very likely**

**Likely**

**Unlikely**

**Very unlikely**

5. Please add any further comments that you wish to make about the applicant. If you prefer to attach a letter, please feel free to do so.

<i>Referee's Signature</i>	<i>Date</i>
<i>Referee's Name</i>	<i>Position/Title</i>
<i>Firm/Institution</i>	<i>Department</i>