

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

Fax: 416. 736. 5536

Scanned email copies to: docshare@yorku.ca

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 York University
- or fax the form directly to York University.

Mailing Address

York University
Office of Graduate
Admissions
P.O. Box GA2300
Toronto, Ontario
Canada M3J 1P3

Courier Address

York University
Office of Graduate
Admissions
W322 Bennett Centre for
Student Services
4700 Keele Street
Toronto, Ontario
Canada M3J 1P3

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

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>