

1. TO BE COMPLETED BY THE APPLICANT

Note : Please give a copy to be filled out to three respondents who are knowledgeable about your professional training and your aptitudes for research, and ask them to return the completed form to the Registrar Office as soon as possible.

Applicant's Last Name (at birth)	Applicant's First Name	Applicant's Other Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	Program of Study	
<input type="text"/>	<input type="text"/>	

2. TO BE COMPLETED BY THE RESPONDENT - RESPONDENT MUST SEND THIS FORM DIRECTLY TO THE REGISTRAR OFFICE

Respondent's Last Name	Respondent's First Name
<input type="text"/>	<input type="text"/>
Institution	Position
<input type="text"/>	<input type="text"/>

The Respondent was the Applicant's:

<input type="checkbox"/> Programme or Research Director	<input type="checkbox"/> Professor (one course)	<input type="checkbox"/> Professor (several courses)	<input type="checkbox"/> Department Director
<input type="checkbox"/> Employer (Immediate Supervisor)	<input type="checkbox"/> Employer (Direct supervisor)	<input type="checkbox"/> Other : <input type="text"/>	

At the time, the Applicant was :

<input type="checkbox"/> an Undergraduate Student	<input type="checkbox"/> a Graduate Student	<input type="checkbox"/> a Research Assistant
<input type="checkbox"/> a University Assistant	<input type="checkbox"/> an Employee	<input type="checkbox"/> Other : <input type="text"/>

The Respondent has known the Applicant for : years and months.

EVALUATION REPORT : Please express your opinion of the Applicant by checking off one box for each of the factors being evaluated.

	Passable	Good	Very Good	Excellent	Insufficient knowledge of the Applicant
Knowledge and resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assiduity and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General reasearch ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any additional information you feel may be useful, in relation to the Applicant's aptitudes and abilities for successfully completing their advanced studies, and in relation to their potential for pursuing research work.

Date : Signature of Respondent :

Respondent must return directly the completed form to the Registrar Office, Service de l'admission, Université du Québec à Rimouski, 300, allée des Ursulines, C.P. 3300, succ. A, Rimouski (Québec) G5L 3A1, Canada. By email, save your document by clicking here and send the saved and completed form to the adress : admission@uqar.ca. TO BE CONSIDERED, THE E-MAILED FORM HAS TO BE SENT FROM THE RESPONDENT E-MAIL ADDRESS.