

**1. TO BE COMPLETED BY THE APPLICANT**

N.B. Please give a copy of this form to three referees who are knowledgeable about your professional training and your aptitudes for research, and ask them to return the completed form to the Office of the Registrar as soon as possible.

Applicant's Last Name (at birth)

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First Name

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Birth Date

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Year / Month / Date

Program: \_\_\_\_\_

Session: \_\_\_\_\_

**2. TO BE COMPLETED BY THE REFEREE**

Referee's Last Name

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First Name

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Institution: \_\_\_\_\_

Position: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

▶ The referee was the applicant's:

- Program or Research Director
- Departmental Director
- Professor (several courses)

- Professor (one course)
- Employer (hierarchical superior)
- Employer (immediate superior)
- Other

▶ At the time, the applicant was a(n):

- Undergraduate Student
- Graduate Student
- Research Assistant

- University Assistant
- Employee
- Other

▶ The referee 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	Applicant possesses insufficient knowledge
Acquired knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<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"/>
Judgment 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"/>
Clarity of written and oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General aptitudes for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment	<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.

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Date \_\_\_\_\_ Signature of referee \_\_\_\_\_

Please return to Registrar's Office:

Email :  
International admissions: [admission-international@uqat.ca](mailto:admission-international@uqat.ca)  
Quebec and Canada admissions : [registraire@uqat.ca](mailto:registraire@uqat.ca)

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