

LETTER OF REFERENCE

Completed by the applicant:

Please ensure that the individual that you are asking as a referee is able to address the listed categories in Part A.

Applicant completes this section before giving the form to the referee. *Please type or print.*

Name of applicant:	
Program of interest: Please Select	Date form sent to referee: / / (dd/mm/yyyy)

Completed by the Referee:

The Division of Graduate Studies would appreciate your appraisal of this applicant, either on this form or in a letter that addresses the same items. Please complete the form and send it to the address below as soon as possible but no later than **November 15th 2025**. If, for any reason, you do not wish to write a letter of reference, please notify the applicant so that another referee can be selected. Thank you for your assistance.

Name of referee:	
Position/Title:	
Institution/Company:	
E-mail Address:	
Number years referee has known applicant:	
How well the referee knows the applicant:	
Very Well ☐	Well ☐ A little ☐

Canadian Memorial Chiropractic College

6100 Leslie Street, Toronto, Ontario M2H 3J1

T: 416 482 2340 F: 416 646 1114

www.cmcc.ca

PART A: Please rank the applicant in comparison with others at the same stage in their academic career over the last several years, in terms of the following attributes:

	Exceptional	Superior	Average	Inferior	Unable to Judge
Intellectual ability	☐	☐	☐	☐	☐
Works independently	☐	☐	☐	☐	☐
Originality	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐
Organizational skills	☐	☐	☐	☐	☐
Thinks critically	☐	☐	☐	☐	☐
Verbal communication skills	☐	☐	☐	☐	☐
Written communication skills	☐	☐	☐	☐	☐
Ability to lead	☐	☐	☐	☐	☐
Ability to complete work/tasks	☐	☐	☐	☐	☐
Ability to work with others	☐	☐	☐	☐	☐
Teaching ability	☐	☐	☐	☐	☐
Research ability	☐	☐	☐	☐	☐
Group used for this comparison:					

PART B: Please provide us your assessment of the applicant's potential for graduate work. The graduate programs include coursework, teaching, research, and attending clinical placements. Referring to the applicant's capabilities in the aforementioned areas would be most useful. If possible, please support your answers with examples. Please limit your assessment to 500 words. (A typed reply would be appreciated. If that is not possible, please ensure that the written reply is legible.)

Signature of referee:

Date: / / (dd/mm/yyyy)

(If you prefer to print Part B on a plain paper, please ensure that the candidate's name appears at the top of the page with your signature and date at the bottom)

Please return both parts to:

admissions@cmcc.ca with a subject line of Residency/Graduate Studies Application