



FACULTY OF SCIENCE

Department of Chemistry
GRADUATE STUDIES OFFICE
Science A, Room 101
Telephone: (403) 220-6252
Fax: (403) 284-1372
Email: gradinfo@chem.ucalgary.ca
http:// www.chem.ucalgary.ca/chem/grad

Consent Form

To be completed by applicant and given to referee for their records. Referee retains consent form as evidence of student's consent to disclose personal information. Do not return this form to the student or submit to the graduate program to which the student is applying.

I, _____ request that _____
(name of student) *(name of referee)*

write an academic reference or respond to a reference check on my behalf.

I understand that in order to write the reference, _____
(name of referee)

will need to comment on grades and personal characteristics relating to my academic performance and/or employment history.

I agree to the disclosure of my personal information to all requests for references.

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(Student Signature)

Date

This consent will be effective for one year past the signature date.

Please note that this form does not authorize the university to provide the referee with information about the student recorded beyond that which is part of the public record. The applicant must provide the referee with a program summary or transcript, if comments regarding overall performance, e.g., ranking or grade point average, are to be included in the reference.

References

Applicant should complete the first section below. Form should then be sent to an individual who is well acquainted with your education and abilities to complete the remainder of the form and attach a separate letter of reference. Note that references from your relatives, friends or colleagues are not acceptable. If you are currently enrolled in a MSc or PhD degree, one of your letters must be from your supervisor.

| | | |
|------------------------|-------------------------|------------------------------------|
| Last Name | First Name | Middle Name(s) |
| <i>Previous Name:</i> | | |
| Proposed Degree | Area of Interest | Proposed Faculty Supervisor |
| | | |

Mailing Address and Information

This completed form, the "Reference Form" on the following page, and the mandatory separate letter of reference (on University letterhead) must be received in this graduate program office in sealed envelopes with the signature of the referee over the seal. Referees may either forward the sealed envelope directly to this office, or return to applicant for subsequent submission to this office.

Reference forms and letters may also be sent electronically as signed pdf attachments by email to the graduate program office. Note that the email address of the sender must clearly identify an academic institution. Addresses from gmail or hotmail for example are not acceptable. Completed forms and letters may also be faxed to this office.

Department of Chemistry
 Graduate Programs
 University of Calgary
 2500 University Dr NW
 Calgary, Alberta
 T2N 1N4

Ph: 403 220 6252

Fax: 403 284 1372

Email: gradinfo@chem.ucalgary.ca

This information is collected under the Post Secondary Learning Act. It is required to evaluate the application for admission to a graduate program and for scholarship purposes. Questions about the collection and use of this information may be directed to the Faculty of Graduate Studies, University of Calgary, Calgary, Alberta T2N 1N4, Telephone (403) 220-4938.

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| Please rank the applicant as a candidate for the degree program to which he/she is applying: | |
| <input type="checkbox"/> Highly Recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Unable to Judge | |
| Please rank the applicant as a scholarship candidate: | |
| <input type="checkbox"/> Highly Recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Unable to Judge | |
| | |
| Name of Referee <i>(Please Print/Type)</i> | E-mail address <i>(Institutional or Business)</i> |
| Position and Department | Institution |
| Address | <i>(Institutional or Business)</i> Telephone() Fax Number () |
| Signature of Referee | Date |

Note: All reference letters must be on official letterhead and submitted from an institutional e-mail account or mailed in a sealed envelope along with this completed Reference Form.