

Primary Health Care (PHCS) System Program
Research Fellowship Application- July 2012

SUPERVISOR FORM

APPLICANT: First name Last name

SUPERVISOR INFORMATION

Title <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/> Dr.	First Name	Last Name
Department		University
Contact Numbers Bus phone <input type="text"/> Fax <input type="text"/>	Email address:	Position:

What are your areas of research?

Graduate Student Advisor Experience

Number of years supervising: Number of students supervised

I agree to be the supervisor for the above-named candidate.

Initials

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REFERENCE INFORMATION

1. Academic performance of candidate

Carefully mark the category that best describes the candidate's academic performance in relation to all students at a similar stage that you have previously evaluated

	Top 10%	Top 20%	Top 50%	Lower 50%
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present ability at research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Written skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Overall rank

All factors considered, I would rank this candidate (please check):

A+ A A- B+ B B-

3. Reference letter

Please attach a **separate reference letter that includes other relevant comments with this form** (maximum of 2 pages).

4. Knowledge of candidate

I know this candidate in my capacity as his/her graduate supervisor. Yes No

If yes, during the period to
month/year month/year

If no, in what capacity have you worked with this candidate?

How long have you known the candidate? years

I certify that the information provided above is accurate:

Name

Date (DD-MM-YYYY)