

**CONFIDENTIAL CLINICAL/WORKPLACE REPORT ON APPLICANT  
FOR ADMISSION TO GRADUATE STUDIES AT MCMASTER UNIVERSITY**

**To the Applicant:** Complete this section before giving the form to the referee.

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| Name of Applicant:   |
| Applying to departments of <b>REHAB SCIENCE/BUSINESS</b> to study for <b>MASTER OF HEALTH MANAGEMENT</b> degree<br>within the <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time stream |
| Date form sent to referee:   |

**To the Referee:** The applicant requests that you provide information on his/her clinical and/or work abilities. We rely considerably on the statements made by Referees and are most grateful for your assistance. We would like your letter of reference to include the areas listed below, citing evidence or examples. Please add additional comments as you wish. Thank you for your assistance.

1. Length of time you have known applicant and the nature of your relationship to applicant.
2. Ability to carry out research including level of independence.
3. Clinical or work performance.
4. Ability to work with others, i.e. interpersonal and group skills.
5. Leadership ability.
6. Initiative and motivation.
7. Intellectual ability.
8. Emotional maturity.

***Please print or type your information below and append this form with your letter (should a separate letter be completed.)***

Name:

Position:

Institution:

Telephone:

E-mail:

***Clinical/Workplace Referee must submit this form  
appended to your letter to:***

mhm@mcmaster.ca