

### Referee Form

APPLICANT INFORMATION							
Last Name				First			
Have you read the applicant's program of study?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Area			Doctoral <input type="checkbox"/>	Masters <input type="checkbox"/>
REFEREE INFORMATION							
Name				Dept.			
Email				Organization			
Telephone				Academic Rank			
I have known the applicant in my capacity as _____ for _____ years.							
COMMENTS							
SIGNATURE							
Signature				Date			

Please submit completed the form to Music Graduate Studies office ([graduatestudies.music@mcgill.ca](mailto:graduatestudies.music@mcgill.ca))