**External Referee Form**

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| **Candidate’s Name:** |  |

* External to the University of Toronto and its affiliated hospitals.
* Only suggest arms-length referees. **NO former supervisors, collaborators (within the last 5 years) or students (i.e. CANNOT be co-authors or co-investigators/ co-applicants on grants.)**
* Academic rank must be equal to or greater than the rank being sought for promotion.

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| **Referee #1:** |  |
| **Academic Rank:** |  |
| **Academic Institution:** |  |
| **Expertise:** |  |
| **Other Position/ Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Referee #2:** |  |
| **Academic Rank:** |  |
| **Academic Institution:** |  |
| **Expertise:** |  |
| **Other Position/ Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **Email:** |  |

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| **Referee #3:** |  |
| **Academic Rank:** |  |
| **Academic Institution:** |  |
| **Expertise:** |  |
| **Other Position/ Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **Email:** |  |