

**Applicant:** Please complete this section before presenting to referee

**Name of Applicant:**

Surname	First	Middle	Student # or OUAC Ref. #
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**Referee:** We would appreciate your appraisal of the above applicant for a Master's degree in the field of Education. The information in the report will be considered confidential.

- How long have you known the applicant? (MM/YY) From: \_\_\_\_\_ to \_\_\_\_\_
- In what capacity? \_\_\_\_\_
- Indicate with an 'X' your evaluation of this applicant with respect to their ability to complete a graduate program in the field of Education:

	Excellent	Very Good	Good	Fair	Poor	No Basis for Comment
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarly Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- In comparison with other students at the applicant's level, indicate where you would place this applicant.  
 Among the top ☐ 5% ☐ 10% ☐ 25% ☐ 50% ☐ lower than 50%
- Please attach a current letter of reference which speaks to the candidate's strengths, or any concerns you may have with their ability to succeed at the Masters level. This letter will be used for admission purposes and scholarship consideration. A comprehensive letter will be most beneficial in determining the applicant's eligibility.

**To the Referee:**

***This Recommendation is confidential. Please enclose this form and supporting letter in a sealed envelope and write your signature over the seal. You can either return the envelope to the applicant to submit with their application or email the documents directly to the Admissions Office, sent from your professional email account to [admissions@nipissingu.ca](mailto:admissions@nipissingu.ca).***

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Faculty: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

*Name of Applicant:*

[illegible]

1. Professional Relationship to applicant \_\_\_\_\_
2. Period of relationship upon which assessment is based \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_
3. Indicate with an 'X' your evaluation of this applicant in comparison with others performing similar duties.

[illegible]

4. In comparison with others performing similar professional duties, how would you rank this applicant.

Among the top      ☐ 5%      ☐ 10%      ☐ 25%      ☐ 50%      ☐ lower than 50%

5. Please attach a current letter of reference which speaks to the candidate's strengths, or any concerns you may have with their ability to succeed at the Masters level. This letter will be used for admission purposes and scholarship consideration. A comprehensive letter will be most beneficial in determining the applicant's eligibility.

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Name:	Company/School/ Organization:
Position:	Address:
Signature:	Date:
Telephone Number:	Email address: