



Graduate Programs Reference Form

to be completed by Referee

PLEASE DO NOT COMPLETE THIS FORM BY HAND.

Student Name:	Program:
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I have known the applicant in my capacity as	teacher	supervisor	advisor	employer
other: please explain				
I have known the applicant for	years and	months.		

	Outstanding			Above Average		Average	Below Average	Unable to Judge
	upper 2%	upper 5%	upper 10%	upper 20%	upper 30%	upper 50%	lower 50%	
Background preparation								
Originality								
Potential research ability								
Industry/ perseverance								
Judgement/ critical sense								
Intellectual ability								
Teaching ability								
Oral communication								
Written communication								
Overall evaluation								

Please rank the applicant as a candidate for the degree program to which they are applying:

Highly Recommended

Recommended

Not Recommended

Unable to Judge

Please assist the selection committee by providing your evaluation of the applicant's merits and shortcomings in these general areas.

- 1. Academic ability and record – applicant's general knowledge of the field, or, where appropriate, background preparation in both course work and previous research (Do not exceed visible space.)**

- 2. Research ability and record – originality and ability to synthesize ideas, analytical thinking, skill at research design, quality of any research, familiarity with techniques or methodologies of the field, ability to discuss critically, ability to express ideas clearly (Do not exceed visible space.)**

- 3. Clinical experience and skill – strengths and challenges (Do not exceed visible space.)**

4. Teaching and language ability – applicant’s teaching ability as revealed in any instructional role such as the presentation of reports or seminars, and speaking ability. If English is not the applicant’s first language, some comment on their proficiency in English would be appreciated. (Do not exceed visible space.)

5. Additional comments (if desired) (Do not exceed visible space.)

Name of Referee (Please Print/Type)	E-mail address (Institutional or Business)
Position and Department	Institution
Address	(Institutional or Business) Telephone () Fax Number ()
Signature of Referee	Date

This information is collected under the Post Secondary Learning Act. It is required to evaluate the application for admission to a graduate program and for scholarship purposes. Questions about the collection and use of this information may be directed to the Faculty of Nursing, Graduate Program, University of Calgary, Calgary, Alberta T2N 1N4, Telephone (403) 220-6241.