Reference and Appraisal Form

| Last Name of Applicant: | | |
|--------------------------|------|--|
| First Name of Applicant: | | |
| Date: | | |
| Program of Application: | | |

To the Person Providing the Reference:

Please complete and return this form via email to <u>mde@athabascau.ca</u> prior to the January 15th, May 15th, or September 15th deadlines.

| Name of Referee: | | | |
|----------------------------------|----------------|------|--|
| Title: | | | |
| Place of Employment: | | | |
| Telephone Number: | | | |
| Email Address: | | | |
| | | | |
| How long have you known the ap | oplicant? | | |
| | | | |
| In what capacity do you know the | e applicant? _ | | |

Ability Rating: In comparison with others at a similar stage in career and/or academic development, how would you rate this applicant?

| | Superior (top 5%) | Excellent (top 10%) | Good above average | Average | Below average | No basis for Judgment |
|---|----------------------|---------------------|-----------------------|---------|------------------|--------------------------|
| Academic preparation | | | | | | |
| Ability to manage multiple tasks | | | | | | |
| Ability to conduct research | | | | | | |
| Ability to work independently | | | | | | |
| Writing skills | | | | | | |
| Oral communication and presentation skills | | | | | | |
| Computer and technology skills | | | | | | |
| Critical thinking and analytic ability | | | | | | |
| Judgment | | | | | | |
| Overall Rating | | | | | | |

General Appraisal: In reference to the Ability Rating above, please tell us in narrative form why you rated the applicant in this way. Reference to specific examples or situations are welcome.

Is there anything else you can tell us about this applicant that may affect their performance in a program of advanced study? Please provide these and other comments below.

The information that you supply concerning this applicant will be used in the admissions process. No application will be considered complete without this information. Please note that in accordance with the Freedom of Information and Protection of Privacy Act, of the Province of Alberta, Canada, comments made on this form and or attached document are NOT considered to be CONFIDENTIAL and may be viewed by the applicant upon request. For further information, please contact the Program Director, Master of Education, 1 University Drive, Athabasca, AB T9S 3A3. Phone: 1-800-788-9041 (ext. 6179) or outside North America (780) 675-6179.

Signature:_____