

Confidential Referee Appraisal Form
Master of Science in Nursing

Section I: To be completed by the applicant and forwarded to the referee

Applicant Name: _____

Applicant Address: _____

Applying for: Thesis stream
 Advanced Practice stream

Enrolment: Full-time
 Part-time

Section II: To be completed by the referee.

1. I have known the applicant for _____ years.

2. I have known the applicant in my role as _____

3. Please rank the applicant on a scale from *Excellent* to *No Basis for Judgment*. Your rating of the applicant is in relation to his/her peers.

Criteria	Excellent	Good	Average	Fair	Poor	No Basis for Judgment
Critical thinking						
Industry and initiative						
Leadership potential						
Research potential						
Written expression						
Oral expression						
Originality						
Ability to work independently						
Ability to work in a group						
Professionalism						
Knowledge of nursing science						

4. Based upon the applicant's interest in graduate nursing education, what strengths would the applicant bring to graduate prepared roles such as nurse researcher or advanced practice nurse. Please note that further information may be provided on a separate sheet.

5. Based upon the applicant's selected area of study, what attributes of the applicant do you view as requiring improvement. Please be specific.

6. Additional Comments.

Referee's Name _____ (print)

Referee's Signature) _____

Position _____

Contact Information _____

Date: _____

Section III: No later than March 31, to be mailed in a sealed envelope to the address below rather than the applicant.

Office of Admission
Laurentian University
Ramsey Lake Road, Sudbury, ON
P3E 2C6
(705) 675-4843