

Last name: _____ First name: _____ Student # (if applicable): _____

Instructions:

This form is composed of two parts. In section A, the candidate must provide personal information and indicate the deadline date for returning this form and the address to which the form is to be returned. Section B must be completed by a professor who is providing the reference. Please ensure that the completed report is submitted to the School of Graduate Studies at Laurentian University by the required deadline.

Section A – to be completed by candidate

Name of university at which you are currently enrolled: _____

Current department: _____ Name of intended program: _____

Submit report by: Jan. 14th 2013 Send report to: School of Graduate Studies, Laurentian University
Section B – to be completed by the professor

Carefully mark the category that best describes this applicant's academic performance in relation to **all students** at a similar stage that you have previously evaluated. Please apply the strictest interpretations of the rankings indicated below. For example, the ranking of a student in the top category is expected to occur infrequently. **You must complete, sign, and date Section B.** In addition, if you wish to elaborate on the assessment or provide other relevant comments, please complete and sign the attached form. **References for this student submitted to a Tri-Council (SSHRC, NSERC, CIHR) for the 2013-14 competition will be accepted. Please attach to this report.**

	Top 2%	Top 5%	Top 10%	Top 20%	Top 50%	Lower 50%	Unable to Evaluate
A. Background preparation							
B. Originality							
C. Present ability at research							
D. Research potential							
E. Industriousness							
F. Judgement							
G. Oral and written skills							
H. Overall ability							

I knew the candidate in my capacity as: _____

during the period of _____ to _____ Institution: _____
Month/Year Month/Year

Name: _____ Title: _____ Program: _____

Signature: X _____ Date: _____

Last name: _____ First name: _____ Student # (if applicable): _____

Signature: X Date: _____