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|  | 20\_\_-20\_\_ONTARIO GRADUATE SCHOLARSHIP PROGRAM **Academic Assessment Report** |

Candidates must complete ‘Candidate Information” and “Submission Information” sections and forward this report to the referee to complete. The referee is responsible for completing “Academic/Professional Assessment” and “Referee Information” sections and signing. It is important that it is returned to the candidate by the deadline date indicated so that the candidate may ensure that his/her OGS Application Package is complete and submitted by the application deadline. Failure to do so will disqualify the candidate from the competition.

**CANDIDATE INFORMATION**

|  |  |
| --- | --- |
| Candidate Name |  |
| Student # (if applicable) |  |

**SUBMISSION INFORMATION**

|  |  |
| --- | --- |
| Deadline date |  |
| Send to |  |

**ACADEMIC/PROFESSIONAL ASSESSMENT**

Carefully mark the category that best describes the candidate’s academic performance in relation to all students at a similar stage that you have previously evaluated. If you know the candidate in a professional capacity please rank the candidate from that perspective. Please apply the strictest interpretations of the rankings indicated below. For example, the ranking of a candidate in the top category is expected to occur infrequently. In addition, if you wish to elaborate on the

assessment or provide other relevant comments please complete and sign the attached form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Top 2%** | **Top 5%** | **Top 10%** | **Top 20%** | **Top 50%** | **Lower 50%** | **Unable to Evaluate** |
| **Background preparation** |  |  |  |  |  |  |  |
| **Originality** |  |  |  |  |  |  |  |
| **Present ability at research** |  |  |  |  |  |  |  |
| **Research potential** |  |  |  |  |  |  |  |
| **Industriousness** |  |  |  |  |  |  |  |
| **Judgement** |  |  |  |  |  |  |  |
| **Oral and written skills** |  |  |  |  |  |  |  |
| **Overall ability** |  |  |  |  |  |  |  |

**REFEREE INFORMATION**

I knew the candidate in my capacity as: During the following period:

 to

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 Month/Year Month/Year

Name: Title: University/Company:

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Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under the Freedom of Information and Protection of Privacy Act, Dominican University College has responsibilities respecting the proper collection, retention, use, and disclosure of personal information. The personal information on this form is collected in accordance with Sections 38(2) and 41(1) of the *Freedom of Information and Protection of Privacy Act* (FIPPA), R.S.O. 1990, c.F.31 as amended and is used by Dominican University College to administer the Ontario Graduate Scholarship Program. Because this report contains personal information about the applicant, the information may not only be used by Dominican University College but may also be disclosed to the Ministry of Training, Colleges and Universities and to the applicant upon request. Questions about this collection should be addressed to the Faculty of Graduate and Postdoctoral Affairs (96, Empress Avenue, Ottawa, ON, K1R 7G3, 613-233-5696).

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**CANDIDATE INFORMATION**

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| --- | --- |
| Candidate Name |  |
| Student # (if applicable) |  |

Signature: Date: