

**2021-2022****ONTARIO GRADUATE SCHOLARSHIP PROGRAM****Academic Assessment Form**

Candidates must complete "Candidate 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.

NOTE: It is important that the completed assessment is emailed directly to the Graduate Program Assistant in the department where the candidate is applying, before the deadline date indicated. Failure to do so will disqualify the candidate from the competition due to an incomplete application package. Mailed or other physical copies will not be accepted.

**CANDIDATE INFORMATION**

Candidate Name \_\_\_\_\_

Student # \_\_\_\_\_

Deadline Date \_\_\_\_\_

Send to \_\_\_\_\_

**ACADEMIC/PROFESSIONAL ASSESSMENT**

Check the category that best describes the candidate's academic performance in relation to all students at a similar stage that you have previously evaluated. (The ranking of a candidate in the top category is expected to occur infrequently.) The second page of this form must be completed, giving details about the candidate's skills in the areas you have ranked below. Both pages must be signed.

Assessment	Top 2%	Top 5%	Top 10%	Top 20%	Top 50%	Lower 50%	Unable to evaluate
Completes projects in an appropriate time period							
Contributes to research development							
Research potential							
Academic training/ Relevant work experience							
Professional and extracurricular interactions and collaborations (with supervisor, colleagues, peers)							
Critical thinking (application of knowledge, judgment, originality, initiative, autonomy, enthusiasm for research)	<input type="checkbox"/>						

**REFeree INFORMATION**

I knew the candidate in my capacity as: \_\_\_\_\_

During the following period:

From (Month/Year) \_\_\_\_\_ to (Month/Year) \_\_\_\_\_

Name \_\_\_\_\_

University \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_



**2021-2022**

**ONTARIO GRADUATE SCHOLARSHIP PROGRAM**

**Academic Assessment Form**

Candidate Name \_\_\_\_\_ Student # \_\_\_\_\_  
(if applicable)

---

**Referee's Assessment of the Candidate**

Please give details of the candidate's skills in the areas that were ranked on Page 1 of the Academic Assessment Form.

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Protection of Privacy:** We are committed to protecting your privacy. Personal information is collected under the authority of the University of Guelph Act and pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA). If you have questions about the use and disclosure of your personal information, call the **Office of Graduate Studies** at (519) 824-4120 ext. 56833. You can also find more information about access to information and protection of privacy at the University of Guelph from the **University Secretariat**.