



2024-2025
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)	☐						

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 _____



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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**.