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**Graduate Student Scholarship Program**

**Referee Ranking Form**

**Student & Referee Information**

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| **Student Information** |
| **Title:**  | Mr. |  | Ms. |  | Mrs. |  | Dr. |  | Other: |  |
| **First Name:** |  | **Last Name:** |  |

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| **Referee Information** |
| **Title:**  | Mr. |  | Ms. |  | Mrs. |  | Dr. |  | Other: |  |
| **First Name:** |  | **Last Name:** |  |

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| **Email Address:** |  |
| **Phone Number:** |  |

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| **Name of Employer:** |  |
| **Position:** |  |

**Submission Instructions**

Once you have completed the numerical rating (Part I) and your written assessment (Part II) of the student, **please email this document** directly to the PSSO (research@psso.ca) before the application deadline (**4:00 pm EST** **February 18, 2025**). Receipt of application will be confirmed.

**Referee Assessment**

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| **How long have you worked with the student?** |  | Years |  | Months |

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| **Part I: Numerical Rating** |
| Rate the applicant on the following criteria, in comparison to other graduate students you have previously supervised at the same level. Indicate your rating by placing an X in the appropriate cell for each criterion.  |
|  | **Top** **2%** | **Top** **5%** | **Top****10%** | **Top****25%** | **Top****50%** | **Unable to Evaluate** |
| Background Preparation |  |  |  |  |  |  |
| Present Ability at Research  |  |  |  |  |  |  |
| Research Potential |  |  |  |  |  |  |
| Present Leadership Ability |  |  |  |  |  |  |
| Leadership Potential |  |  |  |  |  |  |
| Oral and Written Skills |  |  |  |  |  |  |
| Overall Ability |  |  |  |  |  |  |

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| **Part II: Written Assessment**  |
| In no more than 500 words, provide a description of your experience working with the student and provide examples to support your numerical ratings of the criteria in Part I.  |
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