

INTER-UNIVERSITY DOCTORAL PROGRAM
in EDUCATIONAL STUDIES
Acadia University, Mount Saint Vincent University, St. Francis Xavier University

REFeree ASSESSMENT REPORT

TO THE APPLICANT: Please complete this section before sending this form to the Referee.

Surname: _____ **Given Name(s):** _____
First *Middle*

Address: _____
Number and Street

City/Town *Prov./State* *Postal/Zip Code* *Country*

Field(s) of Study: Curriculum Studies
 Educational Foundations and Leadership
 Inclusive Education
 Lifelong Learning
 Literacies
 Psychological Aspects of Education

Name and Position of Referee: _____

TO BE COMPLETED BY THE REFEREE: The information in this report will be considered confidential. Please return the completed assessment report in a sealed envelope with your signature across the seal to either (1) the applicant for inclusion with the application or (2) mailed directly to the Doctoral Program Office at Mount Saint Vincent University.

1. I have known this applicant as:

an undergraduate graduate student other (specify) _____

Length of time? _____ In what capacity? _____

2. In comparison with other students at the applicant's level, how would you rank this applicant?

The applicant was in the top: 5% 10% 25%

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REFEREE ASSESSMENT REPORT – Continued

3. Please rank the applicant on the following:

Place checkmark (✓) in appropriate column:	Excellent	Above Average	Average	Below Average	No Basis for Judgment
A. Academic Preparedness					
B. Ability to Communicate	Orally				
	Academic Writing				
C. Creativity and Capacity for Independent Thinking					
D. Industry and Reliability					
E. Initiative and Seriousness of Purpose					
F. Intellectual Ability					
G. Research Competence/Potential					

4. **(Academic Reference Only)** Some gifted individuals have mediocre scholastic records. Do you believe that the applicant's academic record is an accurate indicator of his/her academic ability? Yes No
(If answer is no, please explain briefly):

5. Recommendation for Admission to Doctoral Studies
 Highly Recommended Recommended Recommended with reservations Not Recommended

6. Please attach a separate page describing the applicant's suitability for admission to this program, and his/her potential for doctoral studies.

Referee's Name and Title: _____

Academic/University or Professional/Organization: _____

Tel: _____ **Fax:** _____ **Email:** _____
Area Code + Number Area Code + Number

Mailing Address: _____
Number and Street

City/Town Prov./State Postal/Zip Code Country

Signature: _____ **Date:** _____

Form may be returned to applicant in sealed envelope with your signature across the seal or mailed directly to:

**Inter-University Doctoral Program in Educational Studies
(Acadia, Mount Saint Vincent, St. Francis Xavier)
Doctoral Program Office, Seton 401A
c/o Mount Saint Vincent University
166 Bedford Highway
Halifax, NS
B3M 2J6**