GRADUATE ADMISSIONS AND RECORDS
UNIVERSITY CENTRE
UNIVERSITY OF VICTORIA
PO BOX 3025, STN CSC
VICTORIA BC V8W 3P2 CANADA

ASSESSMENT REPORTS (confidential when completed)
FACULTY OF GRADUATE STUDIES

Referees must forward their recommendation directly to Graduate Admissions & Records or give to the applicant in a sealed and endorsed envelope to include with their application materials. To be considered official, the Assessment must be signed by the referee.

TO THE APPLICANT: *Complete this section before photocopying and sending form to your* ***two referees.***

MR. MISS MRS. MS				
	SURNAME	GIVEN NAMES (UNDERLINE ONE USED)	PREVIOUS SURNAME (IF APPLICABLE)	BIRTHDATE (DD/MM/YY)

has applied to study for the degree of _____ in the Department/ School of _____

TO BE COMPLETED BY THE REFEREE: Please return to the University with attachments if applicable.

1. The University collects the personal information on this form pursuant to the University Act, RSBC 1996, c.468 and section 26 of the *Freedom of Information* and *Protection of Privacy* Acts. If you wish further information, please contact the Office of the Administrative Registrar for an information sheet or read UVic Policy 4400, Access to Student Records at *http://web.uvic.ca/reco/general/freedom.html.* **This report will not be released to the student by the University of Victoria. If you wish, you may provide a copy to the applicant. A summary of the information on this form may be provided according to the provisions of *Freedom of Information/Protection of Privacy* legislation.**

2. I have known the student as:
   ☐ An undergraduate student ☐ A graduate student ☐ In another capacity (specify)

- How long and how well? _____
- If currently completing a degree at your institution, please indicate the class of degree you expect the applicant to obtain: _____
- If your University offers the graduate program this applicant seeks, would the applicant be accepted at your institution?
  ☐ Yes ☐ No (please give reasons) ☐ Not applicable

3. Compared to others at the same academic or professional level, please evaluate the applicant in the following respects:

	Top 5 %	Top 10%	Top 25%	Top 40%	Average	Below average	No basis for judgement
Academic Preparedness	☐	☐	☐	☐	☐	☐	☐
Ability to Communicate: Orally	☐	☐	☐	☐	☐	☐	☐
In Writing	☐	☐	☐	☐	☐	☐	☐
Creativity & Capacity for Independent Thinking	☐	☐	☐	☐	☐	☐	☐
Industry & Reliability	☐	☐	☐	☐	☐	☐	☐
Initiative & Seriousness of Purpose	☐	☐	☐	☐	☐	☐	☐
Intellectual Capacity	☐	☐	☐	☐	☐	☐	☐
Research Skill or Potential	☐	☐	☐	☐	☐	☐	☐
Teaching Ability	☐	☐	☐	☐	☐	☐	☐
Professional Expertise	☐	☐	☐	☐	☐	☐	☐
Overall Rating	☐	☐	☐	☐	☐	☐	☐

4. Please add comments which will amplify and explain the ratings in #3 as well as assist in providing a complete picture of the applicant's abilities and potential. (Supply an additional letter in triplicate, if necessary.)

5. Is the applicant's academic record an accurate index of scholastic ability? ☐ Yes ☐ No ☐ Don't know
   If your answer is "no", please explain briefly, giving attention to research or professional performance. (Supply an additional letter, if necessary.)

6. Recommendation for Admission to Graduate Studies:
   ☐ Highly recommended ☐ Recommended ☐ Recommended with reservations ☐ Not recommended (please provide reasons)

PLEASE PRINT * Referee's Name, Title and Complete Mailing Address*

Referee's Email, Telephone, Fax#, _____

Referee's Signature: _____

Date: _____

***Assessment will not be accepted if complete contact information is not provided.**