



Reference Form

MASTER OF NURSING GRADUATE PROGRAM

Applicant – Fill in your name and UCQ Student Number (if applicable). You can then email the form to your reference or print it and give it to your reference along with an envelope. Ask your reference to complete it and then put it in an envelope. The envelope needs to be sealed and the referee must sign along the seal. Pick up the completed reference and add it to your application before submitting it.

Referee – Please complete this reference to the best of your ability. When you have finished, place and seal it in an envelope (this should have been provided). Please sign your name along the seal of the envelope.

1. Please indicate your choice(s) below:

Student Name: _____	UCID Number (if applicable): _____
---------------------	------------------------------------

I have known the applicant in my capacity as <input type="checkbox"/> teacher <input type="checkbox"/> supervisor <input type="checkbox"/> advisor <input type="checkbox"/> employer <input type="checkbox"/> other: _____
I have known the applicant for _____ years and _____ months.

	Outstanding			Above Average		Average	Below Average	Unable to Judge
	upper 2%	upper 5%	upper 10%	upper 20%	upper 30%	upper 50%	lower 50%	
Background preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry/ perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement/ critical sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rank the applicant as a candidate for the Master of Nursing degree program: <input type="checkbox"/> Highly Recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Unable to Judge
--

2. Please assist the selection committee by providing in the box below your evaluation of the applicant's merits and shortcomings in these general areas. As you type the information into the box below, the box will expand to accommodate your comments. If you require more space, please attach an additional page.

A. Academic ability and record – applicant's general knowledge of the field, or, where appropriate, background preparation in both course work and previous research

B. Research ability and record – originality and ability to synthesize ideas, analytical thinking, skill at research design, quality of any research, familiarity with techniques or methodologies of the field, ability to discuss critically, ability to express ideas clearly

C. Clinical experience and skill – strengths and challenges

D. Teaching and language ability – applicant's teaching ability as revealed in any instructional role such as the presentation of reports or seminars, and speaking ability. If English is not the applicant's first language, some comment on his/her proficiency in English would be appreciated.

E. Additional comments (if desired)

3. Referee Details

Name of Referee (Please Print/Type)

E-mail address (Institutional or Business)

Telephone (Institutional or Business)

Position and Department

Institution

Signature of Referee

Date (DD/MM/YYYY)

This information is collected under the Post Secondary Learning Act. It is required to evaluate the application for admission to a graduate program. Questions about the collection and use of this information may be directed to Student Services at the University of Calgary in Qatar, ucqadmit@ucalgary.edu.qa.