



MASTER OF NURSING GRADUATE PROGRAM

Reference Form

To be completed by referee and submitted to Student Services, University of Calgary in Qatar at grad@ucalgary.ca.

Please indicate your choice(s) below:

Student Name:	Student Number (if applicable):
I have known the applicant in my capacity as teacher other:	supervisor advisor employer Please explain
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								
Originality								
Potential research ability								
Industry/perseverance								
Judgement/ critical sense								
Intellectual ability								
Teaching ability								
Oral communication in English								
Written communication in English								
Overall evaluation								

Please rank the applicant as a candidate for the Master of Nursing degree program:			
Highly Recommended	Recommended	Not Recommended	Unable to Judge

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.

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



2. **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

3. **Clinical experience and skill** – strengths and challenges

4. **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.

5. **Additional comments** (if desired)

Name of Referee (Please Print/Type)	Email Address (Institutional or Business)
Position and Department	Institution
Address	(Institution or Business) Telephone Fax Number
Signature of Referee	Date

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, ucqstudentservices@ucalgary.edu.qa.