

## NLCAHR Referee Report

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Please have your referee fill out this form and send it directly from his/her office to NLCAHR, 95 Bonaventure Ave., Suite 300, St. John's, NL. A1B 2X5

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### Section A – Applicant Information

Name:

Fellowship Applied For:

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### Section B – Referee Information

Title: Dr.  Mr.  Mrs.  Ms.

Surname:

First Name:

Department:

Faculty:

Address:

Telephone:

Fax:

Email:

## Section C – Relationship to Applicant

How long have you know the applicant and in what capacity? (Maximum of 250 words)

## Section D – Assessment

Using a percentage scale, rate the applicant on each of the following evaluation criteria, comparing the applicant to other students/fellows you have supervised. For example, top 5%, top 10%, etc.

Research Ability	Oral Communication Skills	Interpersonal Skills
Top <input type="text"/> %	Top <input type="text"/> %	Top <input type="text"/> %
Research Potential	Written Communication Skills	Leadership Skills
Top <input type="text"/> %	Top <input type="text"/> %	Top <input type="text"/> %

## **Section D (continued)**

Comment on the applicant with respect to each of the criteria above and any other criteria you consider important. (**maximum of 1000 words**)

## Section E – Signature

I, the undersigned, agree that the information provided in the assessment is a fair and confidential evaluation of applicant.

Printed Name

Signature

Date