

NL-HARP Applicant Assessment Form

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. Alternatively, they may also send it by email to tkwhite@mun.ca or by fax to NLCAHR at (709) 777-6734.

Section A – Applicant Information

Name: _____

Fellowship Applied For: _____

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 _____ %	Top _____ %	Top _____ %
Research Potential	Written Communication Skills	Leadership Skills
Top _____ %	Top _____ %	Top _____ %

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

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Signature

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Date