

CONFIDENTIAL ACADEMIC RECOMMENDATION

MASTER OF EDUCATION FULL-TIME

Ap	olicant: Please complete this sect	ion before prese	enting to refere	e							
Nan	ne of Applicant:										
		First		Middle		Student # or OUAC Ref. #					
Rai	Feree: We would appreciate you	r appraisal of the	o abovo applio	ant for a Maata	r'o dograo in t	he field of Edi	ugation Tha				
Nei	'eree: We would appreciate you information in the report w			ani ioi a iviasie	i s degree iii t	ne nela oi Eal	ucalion. The				
	·										
1.	low long have you known the applicant? (MM/YY) From: to										
2.	In what capacity?		1 10111.		ιο						
Indicate with an 'X' your evaluation of this applicant with respect to their ability to complete a graduate program in the field of Education:											
		E	Very	0 1	E. · ·	David	No Basis for				
	Intellectual Capacity	Excellent	Good	Good	Fair	Poor	Comment				
	Scholarly Potential		П	П							
	Originality		П	П							
	Critical Judgment		П	П	П						
	Oral Expression										
	Written Expression										
	Initiative										
	Work Habits										
	Perseverance										
4.	In comparison with other students a	t the applicant's level, indicate where you would place this applicant.									
	Among the top 5%	□ 10%	□ 25%	□ 50%		lower than 50	%				
_											
5.	Please attach a current letter of refe										
	their ability to succeed at the Masters level. This letter will be used for admission purposes and scholarship consideration. A comprehensive letter will be most beneficial in determining the applicant's eligibility.										
	ne Referee: Recommendation is confidential. P	losso oncloso t	thic form and	cupporting lot	tor in a soalor	l anvalana ar	nd write your				
	ature over the seal. You can either i										
	ments directly to the Admissions C										
Nam	e:		Institu	tion:							
Faculty:				Address:							
1 404	ny.			.33.							
Posit	ion:										
Signature:				Date:							
Telephone Number:			Fmail	Email address:							

Protection of Privacy: Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992. Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs". Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services.



CONFIDENTIAL PROFESSIONAL RECOMMENDATION

MASTER OF EDUCATION **FULL-TIME**

lame of Applicant:	First	1	liddle		1	Ctudont # C	NIAC Dot #				
surname	First	Middle				Student # or OUAC Ref. #					
	te your appraisal of the a port will be considered c		nt for a Ma	aster's deg	ree in the	field of Edu	ucation. The				
Professional Relationship to ap	pplicant										
Period of relationship upon wh	From: to										
Indicate with an 'X' your evaluation	ation of this applicant in c	-		performing		uties.					
·		Excellent	Very Good	Good	Fair	Poor	No Basis fo				
Professional Knowledge and Al	oility										
Leadership Qualities											
Teaching Ability											
Professional Relationships with	Colleagues										
	Students										
	Public										
Oral Expression											
Written Expression		П	П	П		П	П				
Reliability of Performance											
Familiarity with Current Theory	& Practice										
In comparison with others per	In comparison with others performing similar professional duties, how would you rank this applicant.										
Among the top 5%		25%				pilcant. ☑ lower than 50%					
Please attach a current letter their ability to succeed at the	ease attach a current letter of reference which speaks to the candidate's strengths, or any concerns you may have with eir ability to succeed at the Masters level. This letter will be used for admission purposes and scholarship consideration. comprehensive letter will be most beneficial in determining the applicant's eligibility.										
the Referee: is Recommendation is confider inature over the seal. You can e cuments directly to the Admiss ame:	ither return the envelop ions Office, sent from y	e to the appl	icant to sonal emai	ubmit with	n their ap	plication o	r email the				
osition:	Address:										
ignature:	Date:										
elephone Number:		Email address									

Protection of Privacy
Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992. Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs*. Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services.