

Back-to-School Award

Reference Form to complete by 2 respondent

1. To be filled out by the applicant

Please give a copy of this form to two references (professors or internship supervisors) who are familiar with your academic work. Ask them to fill it out and forward it directly to the UQAT secretary's office no later than March 1st 2015.

Student Name: _____

Program: _____

Session: _____

2. To be filled out by the professor or supervisor

Name: _____

Position and/or relationship to the applicant: _____

Telephone number and email address: _____

Applicant Assessment (teachers)

The scholarship committee would like your opinion of this applicant. Please indicate (with an X) your assessment of the applicant with regard to each of the following criteria. The highest possible rating is 10.

| | | | |
|---------------------------------|----------|----------|-----------|
| Class attendance | <u>0</u> | <u>5</u> | <u>10</u> |
| Participation in team projects | <u>0</u> | <u>5</u> | <u>10</u> |
| Participation in class | <u>0</u> | <u>5</u> | <u>10</u> |
| Meets deadlines | <u>0</u> | <u>5</u> | <u>10</u> |
| Capable of independent learning | <u>0</u> | <u>5</u> | <u>10</u> |
| Overall rating | <u>0</u> | <u>5</u> | <u>10</u> |

Please feel free to add any further information that you feel is pertinent to this application in the space below

Date: _____ Signature of Reference: _____

The applicant's reference must return this sheet directly to the UQAT secretary's office.

Please do not give this form to the student.