



## ONTARIO GRADUATE SCHOLARSHIP PROGRAM: Academic Assessment Report

Name of Applicant:

Graduate Program:

I have known the applicant in my capacity as:

I have known the applicant for (duration):

Name of Referee:

Position:

Department:

Email address:

Organization:

Date:

Signature:

### **ACADEMIC/PROFESSIONAL ASSESSMENT**

Written assessment can be submitted on a second free form page, and must be signed and dated.

\*Assessment should speak to:

- (i) student's academic excellence (as demonstrated by past academic results, transcripts, awards and distinctions)
- (ii) student's research ability potential (research history, interest in discovery, the proposed research, its potential contribution, anticipated outcomes from it)
- (iii) student's communication, interpersonal and leadership abilities