



KILLAM CENTRE FOR ADVANCED STUDIES  
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692  
<https://www.ualberta.ca/graduate-studies/>

**To Applicant:** complete this section before sending this form to your referee.

Last Name		First and Middle Name(s)	
Department	Degree	Award	

**To the Referee:** The Scholarship Committee appreciates the time and effort required to complete an appraisal. The Committee attaches considerable weight to the statements made by the referees. You greatly assist the Committee and the applicant by providing a complete, detailed and thoughtful analysis of the applicant's achievements, scholarly attributes, and the quality of publication venues, all in relation to the specific award for which the applicant is applying.

**General Appraisal:** Please provide a general appraisal of the student, including strengths, weaknesses, and any special factors which you feel should be taken into consideration (attach separate pages if require).

**Knowledge of Applicant:** In what capacity, and for how long, have you known the applicant (eg. as teacher, supervisor, employer...)?  
 I was the applicant's \_\_\_\_\_ for \_\_\_\_\_ years and/or \_\_\_\_\_ months between the years \_\_\_\_\_ and \_\_\_\_\_.

**Peer Group:** Of the \_\_\_\_\_ (number) students in this category I have supervised/dealt with in the last five years, I would rank this student in the upper \_\_\_\_\_ %.

**Specific Abilities:** For each category, select the most appropriate.

- |                            |                 |
|----------------------------|-----------------|
| Academic Achievement       | Verbal Skills   |
| Scholarly Promise          | Writing Skills  |
| Research Ability           | Industriousness |
| Teaching Potential/Promise | Judgment        |

Overall Rating

**Referee**

Name	Academic Rank/Position	Department	
Institution	Address & Postal Code		
Email Address	Telephone Number	Signature (electronic image or hand-written)	Date