ACADEMIC REFERENCE To Support Application for Graduate Admission

ELECTRONIC VERSION (Updated April 2021)

**SECTION I: To be completed by applicant**

|  |  |
| --- | --- |
| *Full Name of Applicant* |  |
| *Program* | Master of Information Management  Master of Business Administration – Financial Services  Master of Public Administration (Management)  Master of Business Administration – Leadership |

**SECTION II: To be completed by referee (academic)**

Please complete the form, save as a PDF, and return it via email from your personal work address to [cege@dal.ca](mailto:cege@dal.ca). Forms sent from personal assistants/secretaries will be rejected. Referees may include a letter with this form if they desire. The information in this report is confidential. We are particularly interested in the applicant’s ability to demonstrate initiative, to work well as a team member, and to follow through on work assignments. We would appreciate knowing the basis of your general assessment.

| **Quality** | **Unable to Comment** | **Low** | **Average** | **Good** | **Excellent** |
| --- | --- | --- | --- | --- | --- |
| Problem Solving Orientation |  |  |  |  |  |
| Ability/Promise as a Manager |  |  |  |  |  |
| Quality of Oral Expression |  |  |  |  |  |
| Quality of Written Expression |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Organizational Ability |  |  |  |  |  |
| Ability to Meet Deadlines |  |  |  |  |  |

Please comment briefly on the applicant in the space below. Omission of comments may result in the applicant’s file being delayed or denied.

Among students I have known at the same stage in this field in recent years, I would rank this applicant in the top \_\_\_ %.

PLEASE CIRCLE OR HIGHLIGHT ONE OF THE OPTIONS: I would / would not recommend this applicant as a graduate student.

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_