



Graduate Student Scholarship Program Referee Ranking Form

Student & Referee Information

Student Information										
Title:	Mr.		Ms.		Mrs.		Dr.		Other:	
First Name:					Last Name:					

Referee Information										
Title:	Mr.		Ms.		Mrs.		Dr.		Other:	
First Name:					Last Name:					

Email Address:	
Phone Number:	

Name of Employer:	
Position:	

Submission Instructions

Once you have completed the numerical rating (Part I) and your written assessment (Part II) of the student, **please email this document** directly to the PSSO (research@parkinsonsociety.ca) before the application deadline (**February 16, 2021**). Receipt of application will be confirmed.

Referee Assessment

How long have you worked with the student?		Years		Months
---	--	-------	--	--------

Part I: Numerical Rating

Rate the applicant on the following criteria, in comparison to other graduate students you have previously supervised at the same level. Indicate your rating by placing an X in the appropriate cell for each criterion.

	Top 2%	Top 5%	Top 10%	Top 25%	Top 50%	Unable to Evaluate
Background Preparation						
Present Ability at Research						
Research Potential						
Present Leadership Ability						
Leadership Potential						
Oral and Written Skills						
Overall Ability						

Part II: Written Assessment

In no more than 500 words, provide a description of your experience working with the student and provide examples to support your numerical ratings of the criteria in Part I.