

# Confidential Appraisal for Medal of Merit Nominations

University of Lethbridge ID Number

Today's Date

Attach letter of reference with your appraisal form that highlights the student's various strengths and accomplishments.

Student information						
Surname:	Given name(s):					
Degree:	Major:					
Concentration (if applicable):		Full-time	Part-time			

#### Relationship to student (External Examiner does not complete this section)

How long have you known this student and in what capacity? years months				
Capacity:				
If this student has taken courses from you, how many of each of the following kinds were they?				
Lecture classes	Seminars	_ Independent study courses		

#### Assessment of student

1.	How many students at this level have you supervised, been on a graduate committee for, or been an External Examiner for in the last 5 years? Among those students how would you rate the candidate on the following qualities (Use the following scale: Superb (2%), Excellent (5%), Very Good (10%), Good (25%), Average (50%), Acceptable (75%):			
	Academic achievement: Originality:			
	Research skills:	Written expression:	Oral Expression:	
	Quality of thesis/research or project report:		Overall:	
2.	If the student's work is in your field, how large	a contribution to it, relative to that of students	at this level whom you have supervised, been	
	on a graduate committee for, or been an external examiner for, does this student's work represent?			
3.	rally presented and/or orally defended this thesis/research or project report, how would you assess the student's presentation and/or			
	defence? Presentation:	Defence:		

## Assessment of student to be completed by supervisor only

4.	How much of the idea for and work on this thesis/research or project report originated with or was done by the student?				
	Idea: Work:				
5.	Is this thesis/research or project report part of your research program?	Yes	No		
	If so, how substantial a part of your program does this student's work comprise?				

## Signature

Name:		
External Examiner's University (if applicable):		
Department:		
Signature:	Date:	

#### Submit completed form to the appropriate