



School of Graduate Studies

Confidential Appraisal for Governor General's Gold Medal and Medal of Merit

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. Orally 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 Office.