

DEPT. OF COMMUNICATION STUDIES, CONCORDIA UNIVERSITY - ACADEMIC ASSESSMENT FORM

Please complete this Academic Assessment Form on behalf of the Applicant and email it to: **application.support@concordia.ca** by March 1st. The time and care you give to this form is appreciated. Referees are advised that amendments to Quebec's Access to Information Act (Law 65) permits students to have access to references about themselves once a decision has been taken and, as such, these references are not confidential.

Name of applicant _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

What course(s) did you teach this applicant? _____

How would you evaluate the applicant in the following areas? You are invited to comment on each component.

1. Writing ability	EXCELLENT	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
2. Creative ability	EXCELLENT	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
3. Analytical/interpretive skills	EXCELLENT	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
4. Ability to work in groups	EXCELLENT	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
5. Intellectual curiosity	EXCELLENT	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
6. Respect for deadlines	EXCELLENT	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
7. Likelihood of completing program	EXCELLENT	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
8. Overall evaluation of student	EXCELLENT	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN

Name _____

Title _____

Institution _____

Phone _____

Signature _____

Date _____