



School of Graduate Studies

Confidential Appraisal for Governor General's Gold Medal and/or 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

Form is to nominate student for: The Governor General's Gold Medal; and/or the Medal of Merit

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.