



ONTARIO GRADUATE SCHOLARSHIP PROGRAM
Academic Assessment Report

Candidate		
Last Name:		First Name:
Referee		
Last Name:		First Name:
Position:		
Organization:		
Email address:		Signature
Number of years/months that the referee has known the candidate:	Years:	Months:
Capacity in which the referee has known the candidate:		

Section 1: Assessment of Academic Excellence

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Section 2: Assessment of Research Potential

Section 3: Assessment of Communication Skills, Interpersonal Skills, Leadership Ability and Community Engagement