

**SIMON FRASER UNIVERSITY
MASTER OF PUBLIC POLICY PROGRAM**

**CONFIDENTIAL REPORT ON APPLICANT FOR ADMISSION TO
GRADUATE STUDIES**

Name of Applicant for the Master of Public Policy Program, Faculty of Arts

(Family or Surname first)

SECTION TO BE COMPLETED BY REFEREE:

I have known the applicant as:

☐ an undergraduate ☐ a graduate student ☐ other (please specify) _____

for a period of _____ years _____ months

In what capacity? _____

Please comment on aspects of the applicant's character which relate to his/her potential for success in this graduate program:

Initiative and seriousness of purpose

Creativity and capacity for independent thinking

Ability to communicate, both orally and in writing

Personality and character

Public policy analysis or management experience

In the rating scales, please check, after each trait to be evaluated, the box that most nearly represents your opinion of the applicant. Compare the applicant on each item with a representative group of students whom you have known during your professional career who have had approximately the same amount of expertise and training as the applicant

Note: a typical basis group of potential judgment graduate students might be expected to divide like this:	Fair	Good	Very Good	Outstanding	Remarks	No basis judgment
	50%	30%	15%	5%		
Academic Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Skill at Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

☐ not recommended

☐ recommended with some reservations

☐ recommended

☐ strongly recommended

that this student be admitted to the Master of Public Policy Program

My reservations are:

Name _____

Title/Position _____

Address _____

Signature _____

Date _____

The British Columbia Freedom of Information and Protection of Privacy Act allows an applicant to have access to the information contained in his/her letters of reference where that can be done without disclosing the identities of the references who supply a reference in confidence. If you wish to have your identity protected, please indicate in your response is supplied in confidence.

Please send this form directly to:	Master of Public Policy Public Policy Program Simon Fraser University at Harbour Centre 515 Hastings Street, Suite 3271 Vancouver, B.C. V6B 5K3
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