

MASTER OF EDUCATION (Sustainability, Creativity and Innovation)

Academic Reference Form

APPLICANT INFORMATION

Name _____

 Mailing Address _____

Please check the box below that best reflects the academic qualities of the applicant. You may also submit a written assessment of the applicant's qualities; please attach a separate reference letter, and submit with this form by the specified date.

Academic Qualities	Outstanding (Top 5– 10%)	Above Average (Top 25%)	Average (Top 50%)	Below Average	Unable to Comment
Academic achievement and aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchability/ability to conduct independent research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to learning and flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall aptitude for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant and in what capacity? _____

REFEREE INFORMATION

Name _____

Signature _____

Position _____ Institution/Company _____

 Mailing Address _____

Telephone _____ Work Telephone _____

Email _____

Date (dd/mm/yyyy) _____

FORWARD COMPLETED REFERENCE TO:

TeacherEd@cbu.ca Fax: 902-563-1449

 Manager of Teacher Education - Department of Education
 Cape Breton University, PO Box 5300, 1250 Grand Lake Road, Sydney, NS B1P 6L2