

Faculty

Reference Form



Cambrian
at Hanson



Cambrian at Hanson Scholarships

Toronto Campus

102A - 155 Consumers Rd.
Toronto, ON
M2J 0A3

Brampton Campus

111 - 44 Peel Centre Dr.
Brampton, ON
L6T 4B5

Student Information

First Name	Last Name	Cambrian ID:	Hanson ID:
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Reference Information

First Name	Last Name	Program and Cohort
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Academic Achievement/Classroom Participation Ranking (Faculty Only)

Using a scale of 0 = Poor to 5 = Outstanding, please rate the student based on the criteria below.

Please indicate N/A where the criteria do not apply to the student and/or award.

Criteria	Ranking						
	0	1	2	3	4	5	N/A
Attends and participates in class							
Works collaboratively with peers							
Completes assignments on time							
Shows initiative and enthusiasm							
Demonstrates leadership/mentorship skills							
Shows dedication and commitment to studies							
Demonstrates integrity, honesty, and good work ethic							
Is well-mannered and helpful towards others							
Other (please specify)							

Declaration

I attest that all information provided is accurate and true, to the best of my ability, with respect to the above student. I will also make myself available for follow-up communication with the **Cambrian at Hanson Awards Selection Committee**, if necessary, to verify the information provided.

_____ Reference Name

_____ Date

Attention: Please send this form directly to the Academic Advisor, Parwinder Kaur. Reference forms sent directly from the student will not be accepted.