

# CAPE BRETON UNIVERSITY

PO Box 5300 Sydney, NS Canada B1P 6L2

MASTER OF BUSINESS ADMINISTRATION (COMMUNITY ECONOMIC DEVELOPMENT)

SCHOOL OF BUSINESS

TEL: 902-563-1467

FAX: 902-562-0075

E-MAIL: ced@capebretonu.ca

## NOTE TO THE APPLICANT

The reference is to be completed by the person who best knows your capabilities; preferably by an individual that has knowledge of the field of Community Economic Development (CED). Your referee **MUST** directly mail this form and a letter to the Selection Committee, MBA(CED), School of Business.

| THIS SECTION TO BE COMPLETED BY THE APPLICANT BEFORE PASSING TO REFEREE. |  |         |  |
|--|--|---------|--|
| FULL NAME OF APPLICANT:  |  |         |  |
| MAILING ADDRESS:   |  |         |  |
| TELEPHONE:   |  | E-MAIL: |  |

## ALL INFORMATION BELOW TO BE FILLED BY THE REFEREE

### NOTE TO THE REFEREE

The individual named above has applied to the Cape Breton University MBA in Community Economic Development (CED) program. The MBA(CED) blends the disciplines of business and social sciences, reflecting the multidisciplinary aspect of the field of CED. Based on the principle of process learning, the program will turn out skilled and able community development practitioners. Your detailed assessment of this applicant will assist the Selection Committee in determining the suitability of this applicant for a rigorous graduate program and for scholarship purposes. We thank you for taking the time to provide a thorough and fair evaluation of this candidate. Please return this form and your letter directly to the Selection Committee, MBA(CED), School of Business.

This information is collected under the Freedom of Information and Protection of Privacy Act. If a formal request is filed, this appraisal, or portions of this appraisal, can become available to the applicant.

| PLEASE PRINT HERE AND SIGN ON REVERSE |  |                |  |
|---------------------------------------|--|----------------|--|
| NAME OF REFEREE:                      |  | POSITION/RANK: |  |
| INSTITUTION:                          |  | TELEPHONE:     |  |
| MAILING ADDRESS:                      |  | FAX:           |  |
|                                       |  | E-MAIL:        |  |

| KNOWLEDGE OF APPLICANT                                      |  |
|---|--|
| IN WHAT CAPACITY DO YOU KNOW / DID YOU KNOW THIS APPLICANT? |  |
| HOW LONG HAVE YOU KNOWN THE APPLICANT (MONTHS / YEARS)?     |  |
| HOW WELL DO YOU KNOW THE APPLICANT?                         |  |

NOTE: CAPE BRETON UNIVERSITY ATTEMPTS TO VERIFY ALL REFERENCES FOR APPLICATION TO THE MBA(CED).

CONTINUE ON REVERSE.

| CHARACTERISTICS OF APPLICANT                             | OUTSTANDING<br>(TOP 5%) | SUPERIOR<br>(5-10%) | GOOD<br>(10-25%) | AVERAGE<br>(25-50%) | BELOW AVERAGE<br>(LOWER 50%) | NO BASIS FOR<br>JUDGEMENT |
|--|-------------------------|---------------------|------------------|---------------------|------------------------------|---------------------------|
| ENGLISH PROFICIENCY – WRITTEN                            |                         |                     |                  |                     |                              |                           |
| ENGLISH PROFICIENCY – ORAL                               |                         |                     |                  |                     |                              |                           |
| ANALYTICAL SKILLS  |                         |                     |                  |                     |                              |                           |
| INTERPERSONAL SKILLS                                     |                         |                     |                  |                     |                              |                           |
| INTELLECTUAL ABILITY                                     |                         |                     |                  |                     |                              |                           |
| INITIATIVE   |                         |                     |                  |                     |                              |                           |
| ORGANIZATIONAL SKILLS                                    |                         |                     |                  |                     |                              |                           |
| CREATIVE AND ORIGINAL THINKING                           |                         |                     |                  |                     |                              |                           |
| INDEPENDENT RESEARCH/STUDY CAPABILITY                    |                         |                     |                  |                     |                              |                           |
| SELF CONFIDENCE  |                         |                     |                  |                     |                              |                           |
| INTEGRITY  |                         |                     |                  |                     |                              |                           |
| RESOURCEFULNESS  |                         |                     |                  |                     |                              |                           |
| TIME MANAGEMENT SKILLS                                   |                         |                     |                  |                     |                              |                           |
| ABILITY TO SYNTHESIZE IDEAS                              |                         |                     |                  |                     |                              |                           |
| ABILITY TO DISCUSS CRITICALLY                            |                         |                     |                  |                     |                              |                           |
| ABILITY TO EXPRESS IDEAS CLEARLY                         |                         |                     |                  |                     |                              |                           |
| POTENTIAL FOR SUCCESSFUL GRADUATE<br>STUDY               |                         |                     |                  |                     |                              |                           |
| POTENTIAL FOR BECOMING A SUCCESSFUL<br>LEADER OR MANAGER |                         |                     |                  |                     |                              |                           |

|  |  |
|--|--|
| IF YOU WERE RESPONSIBLE FOR THE ADMISSION DECISION FOR THIS APPLICANT, WHICH OF THE FOLLOWING WOULD BEST REPRESENT YOUR ACTION (CHECK ONLY ONE, PLEASE)? |  |
| <input type="checkbox"/> ACCEPT WITHOUT RESERVATIONS   | <input type="checkbox"/> ACCEPT WITH SOME RESERVATIONS |
| <input type="checkbox"/> ACCEPT  | <input type="checkbox"/> UNCERTAIN                     |
| <input type="checkbox"/> ACCEPT TO A QUALIFYING YEAR ONLY  | <input type="checkbox"/> REJECT                        |
| IF YOU CHOSE "ACCEPT WITH SOME RESERVATIONS", PLEASE ELABORATE ON THE REASONS FOR SUCH A RECOMMENDATION:   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please provide answers to the following in a letter to the Selection Committee. The letter must be in your official letterhead or must have the seal of your organization. Please sign and date the letter. Please send the letter along with this form to the Selection Committee.

1. What are the main strengths of the applicant?
  2. What are the applicant's weaknesses and areas that need improvement?
  3. Comment on the applicant's ability to work independently and complete projects in a timely manner.
  4. Does the applicant have promise for a successful career in this field of CED?
- Please include any other information you deem pertinent to this applicant's MBA(CED) application.

\_\_\_\_\_  
SIGNATURE OF REFEREE

\_\_\_\_\_  
DATE