Desjardins
La Fondation

EVALUATION SHEET

To be filled out by the candidate prior to forwarding to the evaluator

Candidate's family name	Given Name (commonly used)	Other given name(s)

Permanent Address	Telephone
No Street City Province Postal Code	( ) or ( )
E-Mail:	

Summary of research project or description of courses, internships or trials
(for evaluator review)

It is your responsibility to ensure that the evaluator has forwarded this document to Fondation Desjardins.

Desjardins
La Fondation

For administration use only

TO BE FILLED OUT BY EVALUATOR
Please return in electronic format (PDF or Word only) to:
Fondation Desjardins
bourses.fondationdesjardins@desjardins.com
C.P. 7, Succursale Desjardins - Montréal, Québec - H5B 1B2
Tél. (514) 281-7171 - 1-800-443-8611 - Fax (514) 281-2391
See instructions on the Fondation Desjardins website

Please note that candidate may consult this report upon request

Name of candidate _____ Master ☐ PhD ☐

	Exceptional 1er 2%	Exceptional Next 8%	Above average Next 20%	Average Next 20%	Below average Next 50%
A. Skills and knowledge					
B. Originality, creativity					
C. Aptitude for research					
D. Attendance at work					
E. Judgement					
F. Overall intellectual ability					
G. Project's chances of success					

If you cannot evaluate a particular item, please write N/A

How long have you known the candidate?

Judging by your experience, how would you rate this student out of a group of 100 other students in the same field

Please justify your evaluation - Comments:

Name of evaluator: _____ Fonction: _____

Institution: _____ Date: _____

Signature: _____