

**EVALUATION
CONFIDENTIAL
REPORT ON APPLICANT
FOR ADMISSION TO
MTEI PROGRAM**



PLEASE RETURN TO:
Administrator, MTEI Admissions
School of Engineering Practice
ETB-511
McMaster University
Hamilton, ON L8S 0A3

To be completed by the applicant (please print or use typewriter)

Surname Given Names

To the Referee:

The above named student has applied for admission to McMaster and requests that you provide information on his/her potential abilities as a Master of Technology Entrepreneurship and Innovation (MTEI) student. We rely considerably on the statements made by the referees and are most grateful to you for your assistance. If you prefer to send a letter of reference which covers the questions listed below rather than utilize this form, that will be quite acceptable.

Please type or print clearly in black ink. Attach additional sheets if necessary.

1. How long and in what capacity have you known the applicant? Please be specific. _____

2. What are the applicant's most outstanding abilities or characteristics? _____

3. What are the applicant's most noticeable weaknesses? _____

4. Please rate the applicant on the table below. To what reference groups (e.g. student, employee) are you comparing the Applicant?

	High	Moderate	Low
4.1 Need for achievement (goal drive)	_____	_____	_____
4.2 Need for independence & autonomy	_____	_____	_____
4.3 Propensity for risk-taking	_____	_____	_____
4.4 Self-confidence (internal locus of control)	_____	_____	_____
4.5 Tolerance of ambiguity	_____	_____	_____
4.6 Innovativeness	_____	_____	_____
4.7 Pro-activity	_____	_____	_____
4.8 Intuitiveness	_____	_____	_____
4.9 Visionary	_____	_____	_____
4.10 Integrity	_____	_____	_____
4.11 Academic ability/preparedness	_____	_____	_____
4.12 Industriousness/perseverance	_____	_____	_____

5. Provide any additional information you may wish to add: _____

Please indicate your overall evaluation:

strongly recommend recommend recommend with reservations do not recommend

Signature: _____ Date: _____

Name: _____ Title: _____

Organization Name: _____

City: _____ Country: _____