

## Information for Referees

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### Graduate Certificate in Program Evaluation

Please attach a letter of reference on institutional / organizational letterhead. Enclose this cover page and completed form with the reference letter and forward it to the UFV Admissions office address below.

The British Columbia Freedom of Information and Protection of Privacy Act allows an applicant to have access to the information contained in his/her letters of reference where that can be done without disclosing the identities of the referees who supply a reference in confidence. It is understood between UFV and yourself that the letter of reference is supplied in confidence unless you state otherwise.

**PLEASE RETURN WITHIN TWO WEEKS TO:**

UFV Admissions  
University of the Fraser Valley  
33844 King Road  
Abbotsford, BC V2S 7M8  
CANADA

Thank you.

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**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY NOTICE**

The information on this form is collected under authority of the University Act (R.S.B.C. 1917, c. 419). The information is needed to evaluate applications for Graduate Programs at UFV. If you have any questions about the collection and use of this information, please write to the Associate Vice President, Research & Graduate Studies, University of the Fraser Valley, 33844 King Road, Abbotsford, BC V2S 7M8 Canada.

1. Name of applicant being referred: \_\_\_\_\_

2. In what capacity, how well, and how long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Compared to others at the same academic or professional level, please evaluate the applicant in the following respects:

	Top 5%	Top 10%	Top 25%	Top 40%	Average	Below average	No basis for judgement
Academic Preparedness							
Ability to Communicate: Orally							
In Writing							
Creativity & Capacity for Independent Thinking							
Initiative & Seriousness of Purpose							
Intellectual Capacity							
Research Skill							
Professional Expertise							
Overall Rating							

4. Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print or type:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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