

**To the applicant:** Complete this section before forwarding form to the referee.

Your name

Previous surname (if applicable)

**To be completed by the referee:**

1. Please identify the applicant's length of employment: \_\_\_\_\_

2. Briefly describe the duties the applicant performed for your institution: \_\_\_\_\_  
\_\_\_\_\_

3. Please indicate with an **X** your rating of the applicant.

	Excellent	Average	Below Average	No basis to comment
Professionalism				
Attendance/punctuality				
Practice competence				
Safety				
Communication				
Teaching ability				
Working with others				
English: Speaking				
Writing				
Reading comprehension				
Academic potential				
Creativity				
Initiative				
Independent thinking				

4. Please indicate your recommendation of this applicant for admission to the program indicated above and support your recommendation with comments and/or examples where appropriate.

Highly recommend     Recommend     Recommend with reservations     Do not recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_

Referee's name

Title

Institution

Phone

Address

**Please return form directly to:**

Office of the Registrar  
University of the Fraser Valley  
33844 King Road  
Abbotsford, BC V2S 7M8  
admissions@ufv.ca

City

Postal code

Signature

Date