

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

Applicants name

Previous surname (if applicable)

\*Form must be received directly from the referee from an identifiable email address. Email to [healthstudies@ufv.ca](mailto:healthstudies@ufv.ca).

**To be completed by the referee:**

1. Please identify the applicant's **length of employment (in months or years):**  
or **number of volunteer hours (in # of hours):**
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
Attendance/punctuality				
Safety				
Communication				
Working with others				
English: Speaking				
Writing				
Reading comprehension				
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

Street Address

**Please return form directly to:**

School of Health Studies  
University of the Fraser Valley  
45190 Caen Ave, Building A, Room 2451  
Chilliwack, BC V2R 0N3

City

Postal code

Signature

Date

healthstudies@ufv.ca | Fax: 604-858-4773