

**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** or **number of volunteer 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

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