

APPLICANT REFERENCE

APPLICANT

Name of Applicant:

first name

middle name

last name

To Referee:

You have been selected as a referee by an applicant to our Bachelor of Education Program because of your knowledge of the applicant as a learner, worker and/or leader. Kindly fill out the form below and send it to the Admissions Office at the address above. You may also wish to append a separate letter.

Thank you for your help in this matter.

Please rate the applicant in each of the following categories by comparing this individual with others who have comparable education and experience.

	EXCELLENT	VERY GOOD	SATISFACTORY	UNSATISFACTORY	NO BASIS FOR JUDGEMENT	COMMENTS
SCHOLASTIC ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ORAL EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WRITTEN EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JUDGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROBLEM-SOLVING ABILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ORGANIZATIONAL ABILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMMITMENT TO EXCELLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INTERPERSONAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How long and in what capacity have you known the applicant?

What do you consider to be the applicant's strongest assets?

What do you consider the applicant's major limitations? (Please be specific.)

Based on your knowledge of the individual do you recommend this individual for the Bachelor of Education program? Please give specific reasons for your response (i.e. personal and professional qualities that make this applicant a good candidate for the B. Ed. Program).

Would it be advisable to talk to you, in more detail, by telephone?

Additional Comments:

Signature: _____

Date: _____

Name: _____

Position: _____

Address: _____

Telephone Number: _____

PLEASE SUBMIT TO:

Admissions Office

PO Box 5000, Antigonish,
Nova Scotia, Canada B2G 2W5

Tel: 1-902-867-2219 (local)
Toll-Free: 1-877-867-StFX (7839)

Fax: (902) 867-2329

Email: admit@stfx.ca

