

## Reference Letter for Admission to Yorkville University Graduate Programs

1. **To the Applicant:** Complete this section before forwarding the form to the referee. The referee will send the completed form directly to the university.

- Mrs.             Mr.  
 Ms.             Miss

**Applicant's Surname (Family name):** \_\_\_\_\_

**Applicant's Given Name(s):** \_\_\_\_\_

**Applicant's Previous Names (if applicable):** \_\_\_\_\_

- Applying for admission to:**
- Master of Arts in Counselling Psychology  
 Master of Education (Adult Education)

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2. **To the Referee:** Yorkville University appreciates your appraisal of this applicant. This evaluation will be used only for admission purposes and is confidential.

I have known the applicant as:

- an undergraduate student  
 a graduate student  
 an employee  
 in another capacity (Please specify) \_\_\_\_\_

for        years        months between        -        (years).

I am able to comment on the applicant's ability to engage in graduate level study in the program to which the applicant seeks admission.

3. **Ratings:** Compared with other individuals you have known in similar circumstances, how would you rate this applicant on each of the following characteristics?

With approximately how many others are you comparing this applicant? \_\_\_\_\_

|                       | Exceptional<br>(Top 5%)  | Above Average<br>(Top 20%) | Average                  | Below Average            | Unable to<br>Judge       |
|-----------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Intellectual Capacity | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparedness          | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Originality           | <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"/> |
| Work Ethic            | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Communication    | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing Skills        | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall               | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. **Please comment on the suitability of the applicant for graduate level study**, including both positive and negative comments.

5. **Admission to this graduate program is:**

Highly recommended

Recommended

Not recommended

6. **Personal Information of Referee:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To the referee: please fax or email the completed reference directly to the university at:**

**Fax: 1-506-454-1221**

**Email: [documents@yorkvilleu.ca](mailto:documents@yorkvilleu.ca)**

**and mail the original to:**

**Yorkville University**

**Admissions Office**

**1149 Smythe Street, Suite 309**

**Fredericton, N.B.**

**E3B 3H4**