

**REFERENCE FOR ADMISSION TO MASTER OF ARTS IN COUNSELLING PSYCHOLOGY**

**NOTE: A complete reference will include this form as well as a reference letter**

**1. TO THE APPLICANT:** Complete this section before forwarding the form to the Referee. The Referee will send the completed form directly to Yorkville University.

Name of  Mrs.  Mr.  
Applicant:  Ms.  Miss \_\_\_\_\_  
Surname Given Name(s) Previous Names (If Applicable)

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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. **Referees should be professionally related to the applicant, and may not be relatives or friends.**

I have known the applicant as	<input type="checkbox"/> an undergraduate student	for ___ year(s) ___ month(s).
	<input type="checkbox"/> a graduate student	
	<input type="checkbox"/> an employee	
	<input type="checkbox"/> in another capacity (please specify): _____	

**3. RATINGS:** Please rank the applicant as follows:  
0 = Unable to judge, 1 = Below average, 2 = Average, 3 = Above Average (top 20%), 4 = Exceptional (Top 5%)

Intellectual Capacity _____	Work Ethic _____	With approximately how many others are you comparing this applicant? _____
Preparedness _____	Oral Communication _____	
Originality _____	Writing Skills _____	
Initiative _____	<b>Overall</b> _____	

**4. SUITABILITY:** Does this applicant demonstrate the ability to engage in graduate level studies in the program to which he/she seeks admission? **Please tick on one of two below boxes, if not the Reference will have non-value**

YES-RECOMMENDED: **Please attach the written letter of reference which indicates the applicant's suitability for a counselling program; development areas, and potential for engagement in professional counselling behaviour.**

NOT RECOMMENDED: **Please attach a statement that explains areas of concerns.**

**5. PERSONAL INFORMATION OF REFEREE:**

Referee's Name in Print: _____	Phone: _____
Title: _____	Fax: _____
Work Address: _____	Email: _____
Signature: _____	Date: _____

**TO THE REFEREE:** Please fax or email the completed Reference directly to Yorkville University at: Fax: **1-506-454-1221**, Email: **documents@yorkvilleu.ca** and mail the original to: **Yorkville University Admissions Office, Yorkville Landing, Suite 102, 100 Woodside Lane, Fredericton, NB E3C 2R9.**