

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

This is a fillable PDF form. Please type in all the information.

**Referees should be professionally or academically related to the applicant.** References need to be recent (within the last 2 years) and obtained from individuals able to highlight the applicant's strengths and weaknesses as an employee, volunteer, and/or student who has completed a formal degree(s), as well as the applicant's readiness for graduate-level study in counselling. Referees can be a former professor from an academic program from which the applicant has completed a formal degree(s); a former/current supervisor who has evaluated the applicant's performance; and/or a co-worker/colleague who can evaluate the applicant's performance. References **will not be accepted** from a friend, client, spiritual/pastoral advisor or a personal health care professional as such references represent a dual relationship and/or a clear conflict of interest.

**TO THE REFEREE:** The applicant has applied for admission to the Master of Arts in Counselling Psychology at Yorkville University and has nominated you as a referee. The Admissions Committee will look to the letters of reference for evidence that the applicant is prepared for graduate-level study in counselling and is likely to succeed in the program. Your candid appraisal of the applicant is appreciated. The letter of reference is confidential and will be used for admissions purposes only.

Please save this document and email directly to the university at [documents@yorkvilleu.ca](mailto:documents@yorkvilleu.ca).

**REFEREE Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**APPLICANT Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Previous Name (if applicable): \_\_\_\_\_

**Relationship to applicant:**

**If Other, please provide detail:**

**Applicant's abilities:** Please rank the applicant's abilities using the categories below.

- |                       |                |
|-----------------------|----------------|
| Intellectual Capacity | Work Ethic     |
| Academic Preparedness | Writing Skills |
| Originality           | Communication  |
| Initiative            | Recommendation |

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

**Please type your name in the box above as an electronic signature if you can not sign due to technical reasons.**

**To the referee:** On the following page please include your letter of reference detailing your candid comments regarding the applicant's strengths and weaknesses, as well as their readiness for graduate-level study in counseling.

