

To the applicant: Complete this section before forwarding form to the referee.

Your name

Previous surname (if applicable)

**Form must be received directly from the referee from an identifiable email address*

To be completed by the referee:

- Please identify the applicant's **length of employment** or **number of volunteer hours**: _____
- Briefly describe the duties the applicant performed for your institution: _____

- 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				

- 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:

Office of the Registrar
University of the Fraser Valley
33844 King Road
Abbotsford, BC V2S 7M8
admissions@ufv.ca

City

Postal code

Signature

Date