

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

Applicants name

Previous surname (if applicable)

*Form must be received directly from the referee from an identifiable email address. Email to admissions@ufv.ca.

To be completed by the referee:

1. Please identify the applicant's **length of employment** (in months or years):
or number of **volunteer hours** (in # of hours):
2. Briefly describe the duties the applicant performed for your institution:
3. 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				

4. 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