

**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:**

30 Please identify the applicant's length of employment:

40 Briefly describe the duties the applicant performed for your institution:

50 Please indicate with an **X** your rating of the applicant.

	Excellent	Average	Below Average	No basis to comment
Professionalism				
Attendance/punctuality				
Practice competence				
Safety				
Communication				
Teaching ability				
Working with others				
English: Speaking				
Writing				
Reading comprehension				
Academic potential				
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	
Street Address	<b>Please return form directly to:</b> Office of the Registrar University of the Fraser Valley 33844 King Road Abbotsford, BC V2S 7M8 admissions@ufv.ca	
City		Postal code
Signature		Date