



8569 Bayview Ave. Richmond Hill, ON L4B 3M7 Tel: 905.889.6882 Fax: 905.886.6516
RECOMMENDATION TO SUPPORT APPLICATION FOR ADMISSION 2008/2009

CANDIDATE: Complete the section immediately following before submitting to referee

Mr/Ms/Mrs. _____
(Surname) (Given Name) (Preferred Name)

Course Applying For: _____ Phone Number: _____

Please Indicate the Type of Reference: Academic Work/Volunteer Related Personal

REFEREE: Your candid views as to this applicant's scholarship, personal attributes and/or professional work would be appreciated and will be kept confidential.*

In your opinion:

- a. Does the candidate exhibit personal attributes/attitudes required for success in a teaching career? For example, communication skills, social skills, dependability, integrity or other.

- b. Does the candidate possess the intellectual ability and organizational skills required for a demanding course of study?

SPECIAL COMMENTS: Please use the back of the page if necessary or attach you comments on a separate piece of paper. _____

I would consider this applicant to be...

Outstanding Above Average Average Below Average

NAME OF REFEREE: _____ **TELEPHONE NUMBER:()** _____

ADDRESS: _____

Relationship to candidate _____ How long have you known the candidate? _____

REFEREE'S SIGNATURE _____ **DATE SIGNED** _____