

Centre for Cross-Faculty Inquiry

In Education (CCFI)

CCFI GRADUATE PROGRAM

REFERENCE FORM

M.A./M.Ed./Ph.D.

2125 Main Mall, Vancouver B.C. V6T 1Z4

Tel (604) 822-6502 ; Fax (604) 822-8234

Shaded area to be completed by applicant.

Applicant: _____, who is applying for admission to study for the degree of: _____, in the department (school, faculty, graduate program): _____ with special field of interest in: _____.

To the Referee:

(A letter of reference may be submitted in lieu of this form.)

In what capacity, how well, and how long have you know the applicant? _____

Does your university offer the graduate degree program this applicant seeks? Yes No

If yes, does the applicant meet the minimum admission requirements for acceptance to this program at your university?

Yes No (give reason): _____

If this student took a course(s) from you, what was his/her rank in the class?

Course Name: _____ Course Number: _____ Rank: _____

Course Name: _____ Course Number: _____ Rank: _____

Please rank the applicant as follows: 0 = Poor, 1 = Fair, 2 = Good, 3 = Very Good, 4 = Excellent, 5 = Outstanding

	Rank	Remarks
Academic Preparation		
Originality		
Skill at Research		
Industry		
Intellectual Capacity		
Teaching Ability (if known)		
All-round Ability		

Please comment on the applicant's academic strengths and potential for completing a graduate program.

For students whose native language is not English, please indicate if the applicant has sufficient competence in English to:

- a. understand lectures conducted in English _____
- b. Read widely in English _____
- c. Express herself/himself in written English _____

Referee's Institution and Address:

Name of Referee:

Signature:

Date: _____

Phone: _____

Fax: _____

E-mail: _____

PLEASE RETURN TO:
Centre for Cross-Faculty Inquiry in Education
Faculty of Education
2125 Main Mall
Vancouver, BC V6T 1Z4