

Office: 1-506-454-1220 Toll Free: 1-866-838-6542 Fax: 1-506-454-1221

REFERENCE FOR ADMISSION TO MASTER OF ARTS IN COUNSELLING PSYCHOLOGY

NOTE: A complete reference will include this form as well as a reference letter

1. <u>TO THE APPLICANT</u> : Complete this section <u>before</u> forwarding the form to the Referee. The Referee will send the completed form directly to Yorkville University.						
Name of ② Mrs.	₹ Mr.					
Applicant: 2 Ms.	Miss	Surname Given Name(s)) Pre	Previous Names (If Applicable)	

	② an undergr	☑ an undergraduate student				
I have known the		② a graduate student			-	
applicant as	2 an employee				for year(s) month(s).	
	② in another	☑ in another capacity (please specify):				
3. RATINGS: Please rank the applicant as follows: 0 = Unable to judge, 1 = Below average, 2 = Average, 3 = Above Average (top 20%), 4 = Exceptional (Top 5%)						
Intellectual Capacity Preparedness Originality Initiative					With appropriately how many others are you comparing this applicant?	
4. SUITABILITY: Does this applicant demonstrate the ability to engage in graduate level studies in the program to which he/she seeks admission? Please tick on one of two below boxes, if not the Reference will have non-value						
② YES-RECOMMENDED: Please attach the written letter of reference which indicates the applicant's suitability for a counselling program; development areas, and potential for engagement in professional counselling behaviour.						
NOT RECOMMENDED: Please attach a statement that explains areas of concerns.						
5. PERSONAL INFORMATION OF REFEREE:						
Referee's Name in Print: Title: Work Address: Signature:				Phone: _ Fax: _ Email: _ Date: _		

<u>TO THE REFEREE</u>: Please fax or email the completed Reference directly to Yorkville University at: Fax: 1-506-454-1221, Email: documents@yorkvilleu.ca and mail the original to: Yorkville University Admissions Office, Yorkville Landing, Suite 102, 100 Woodside Lane, Fredericton, NB E3C 2R9.