

**MASTER OF COUNSELLING - RECOMMENDATION FOR ADMISSION**

**Dear Referee:** Thank you for your contribution to the admission process. The applicant is seeking admission to the Master of Counselling Program at City University of Seattle in Canada. Your thoughtful appraisal of the candidate's abilities and potential is helpful in reaching a decision regarding admission.

We are interested in learning about the candidate's potential, achievements and readiness for graduate education. We welcome your use of the form below, a letter of reference, or a combination of the form and a letter. Of particular interest is your opinion of the candidate's suitability to fulfill the role of professional counsellor.

Note: This document has fillable form fields to allow you to type your responses as well as save them.

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Province** \_\_\_\_\_

**THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY THE PERSON PROVIDING REFERENCE**

Please describe the candidate's performance by checking the appropriate box opposite each characteristic.

CHARACTERISTIC	HIGHEST 75%		MID 50%		LOWEST 25%
	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Oral communication skills					
Written communication skills					
Relationship skills					
Potential for graduate level study					
Relationship with peers, subordinates, supervisors					
Participation in professional development opportunities					
Ability to communicate at an emotional level					
Ability to assimilate interpersonal skills					
Capacity for self-direction and commitment					

Please see reverse side for additional questions.

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(Continued)

**Please use this space to provide comments about the Applicant's qualifications for and commitment to graduate study.**

**How long have you known the Candidate and in what capacity?**

**What is your overall assessment of the Applicant's ability to complete Graduate level study?**

Highly Recommend

Recommend with Reservation

Recommend Without Reservation

Do Not Recommend

**Name of Respondent** \_\_\_\_\_

**Address** \_\_\_\_\_

**Position / Title** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**BC Applicants: Return or Email this form to:**

City University of Seattle, Vancouver BC Site  
**Office of Admissions - MC Program**  
789 West Pender Street, Suite 310  
Vancouver, B.C. V6C 1H2, Canada  
**BCAdmissions@CityU.edu**

**AB Applicants: Return or Email this form to:**

City University of Seattle, Calgary AB Site  
**Office of Admissions - MC Program**  
1040 7<sup>th</sup> Avenue, Suite 120  
Calgary, AB T2P 3G9, Canada  
**ABAdmissions@CityU.edu**