

**Master of Education – British Columbia
Consent to Contact References**

Name of Applicant: _____

Supervisor Name	Title	Phone
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Additional Supervisor Name	Title	Phone
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I am applying to one of the Master of Education programs conducted by City University of Seattle (CityU) in British Columbia. I hereby give consent for a CityU representative to contact any direct supervisor (e.g. Vice-Principal, Principal, or district level supervisor) in support of my application for the CityU M.Ed. Leadership in Education or M.Ed. School Counselling program.

Applicant Signature: _____

Date: _____