Letter of Reference

Faculty of Education: Graduate Studies

For the Applicant

Complete the first box with your personal information and then forward this form to 2 individuals who are well acquainted with your education and abilities. Please ask each of your referees’ to email their completed / signed reference letters directly to our office at [facultyedgrad@brandonu.ca](mailto:facultyedgrad@brandonu.ca) , and prior to the application deadline. They are not to be returned to the applicant at any time.

Brandon University

Faculty of Education

Graduate Studies Program

270 - 18th Street

Brandon MB R7A 6A9

**The annual closing date for applications is February 15th**. Applications must be complete before they will be considered.

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|  |  | |  |  | | |  |
|  | Full Name | |  | Student Number | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  | Full mailing address | | | | | |  |
|  |  | | | | | |  |
|  | Area of Specialization (check one): | | | | | |  |
|  |  | | | | | |  |
|  |  | Educational Administration | | |  | Special Education |  |
|  |  | Guidance and Counselling | | |  | Curriculum and Pedagogy |  |

For the Referee:

Complete the following 2-page reference form. Once completed, print the letter of reference, date & sign. Then scan and email the document directly to our office at: [facultyedgrad@brandonu.ca](mailto:facultyedgrad@brandonu.ca) . All letters of reference are to be received by the Graduate Studies office prior to the annual application deadline. **Do not return to the applicant.**

If questions arise, please contact the Graduate Studies office at:

|  |  |
| --- | --- |
| Phone | (204) 727-7406 |
| Email | [facultyedgrad@brandonu.ca](mailto:facultyedgrad@brandonu.ca) |

1. How long have you known the applicant and in what capacity?

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1. Please check appropriate column. Use ‘additional comments’ on page 3 where appropriate.

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| --- | --- | --- | --- | --- | --- |
|  | Outstanding | Above average | Average | Below average | Unable to Judge |
| Originality & Creativity |  |  |  |  |  |
| Potential Research Ability |  |  |  |  |  |
| Self-Directedness |  |  |  |  |  |
| Perseverance |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |
| Oral Communication in English |  |  |  |  |  |
| Written Communication in English |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| **Overall Evaluation** |  |  |  |  |  |

1. Please comment on the applicant’s ability to succeed in advanced graduate level studies in the declared area of specialization.
   1. Work experience relevant to the declared area of specialization:

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* 1. Experience / interest in engaging in research activities, such as classroom action research.

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* 1. Personal characteristics and strengths relevant to area of study:

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**For Counselling applicants only**:

* 1. Please respond specifically to the suitability of the candidate for the Counselling profession:

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* 1. Additional Comments:

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| --- | --- | --- | --- |
| **Date** |  | **Signature** | x |

**Please print the information below**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Institution |  | Position |  |
| Address |  | | |
| Office phone |  | E-mail |  |