

**Faculty of Health Studies**

**Graduate Programs: Letter of Reference Form**

Thank you for agreeing to serve as a referee. The deadline for receipt of this form is **March 1**. Please print clearly.

The letter of reference should be emailed to Amber Barbeau, Office Assistant at barbeaua@brandonu.ca or mailed to: Master of Psychiatric Nursing Program Coordinator

Brandon University

Faculty of Health Studies

270 - 18th Street

Brandon, MB R7A 6A9

Name of Applicant: 

Name of Referee: 

Title/Designation: 

Place of Employment: 

Phone number:  Email address: 

1. How long have you known the Applicant? 
2. In what capacity do you know the Applicant? 
3. After each characteristic to be evaluated please mark the box that most closely represents your opinion. If you believe you lack sufficient knowledge to give a rating, choose the box “No Basis for Judgment”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent -  Top 10% | Very Good - Above Average | Good - Average | Poor - Below Average | No Basis for Judgment |
| Capacity for Conducting Research |  |  |  |  |  |
| Critical Thinking/Judgment |  |  |  |  |  |
| Independence/Initiative |  |  |  |  |  |
| Perseverance |  |  |  |  |  |
| Originality/Creativity |  |  |  |  |  |
| Verbal & Written Communication Skills |  |  |  |  |  |
| Organization/Time Management |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| Accountability/Use of Supervision |  |  |  |  |  |
| Problem-Solving Skills |  |  |  |  |  |
| Flexibility/Adaptability |  |  |  |  |  |
| Reliability/Attendance |  |  |  |  |  |
| Overall Rating |  |  |  |  |  |

1. Please provide a general appraisal, including statements to demonstrate the applicant’s strengths or weaknesses, especially related to qualifications to participate in advanced study and research. **Please provide this statement as an attached original letter on official letterhead.**