



VANCOUVER ISLAND
UNIVERSITY

ADMISSIONS
900 FIFTH STREET
NANAIMO, BC V9R 5S5 CANADA

FACULTY OF EDUCATION

Referees must forward their recommendation directly to Vancouver Island University Admissions or give to the applicant in a sealed and endorsed envelope to include with their application materials. To be considered official, the Assessment must be signed by the referee.

A letter of reference may be supplied in addition to this assessment report.

ASSESSMENT REPORT (confidential when completed)

TO THE APPLICANT: Complete this section before photocopying and sending form to your two referees .			
MR. MISS MRS. MS			
SURNAME	GIVEN NAMES (UNDERLINE ONE USED)	PREVIOUS NAME (IF APPLICABLE)	BIRTHDATE (DD/MM/YY)
has applied to study for the Masters of Education in Leadership.			

TO BE COMPLETED BY THE REFEREE: Please return to Vancouver Island University Admissions with attachments if applicable.

Vancouver Island University collects the personal information on this form pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act*. This report will not be released to the student by Vancouver Island University. If you wish, you may provide a copy to the applicant. A summary of the information on this form may be provided according to the provisions of *Freedom of Information Protection of Privacy Legislation*.

1. How long have you known the applicant? _____

In what capacity: _____

2. Compared to other educators please evaluate the applicant in the following respects:

	Top 5%	Top 10%	Top 25%	Top 40%	Average	Below average	No basis for judgement
Teaching Expertise							
Ability to Communicate: Orally							
In Writing							
Creativity & Capacity for Independent Thinking							
Initiative							
Reliability							
Professionalism							
Intellectual Capacity							
Research Potential							
Overall Rating							

3. Please add comments which will amplify and explain the ratings in #2 as well as assist in providing a complete picture of the applicant's abilities and potential. (Supply an additional letter if you wish.)

4. Recommendation for Admission to Graduate Studies:

Highly recommended Recommended Recommended with reservations Not recommended (please provide reasons)

PLEASE PRINT*:

Referee's Title & Name: _____

Complete Mailing Address: _____

Referee's Email, Telephone, Fax Number: _____

Referee's Signature: _____

Date: _____

*Assessment will not be accepted if complete contact information is not provided