



Confidential Student Reference

Applicant Name: _____ **Program Start Date:** _____

AC Campus: **Corner Brook – University Dr** **St. John’s – Kenmount Rd** **St. John’s – Harding Rd**

Name of Person Completing the Referral: _____ **Telephone:** _____

Purpose: Referral for College Applicant.

This form must be completed by an individual familiar with the work ethic and ability of the student (such as an employer, teacher/instructor, guidance counselor, representative, doctor, etc). The reference then becomes property of Academy Canada and will remain confidential.

*References **cannot** be provided by family members (e.g. parent, spouse, partner, relative) or friends.*

Assessment of Student Ability

Please rate each category using the following scale.

4: Excellent 3: Good 2: Satisfactory 1: Unsatisfactory NA: Not Applicable

Skill Set:	4	3	2	1	NA	Comments
Scholastic Ability						
Integrity						
Initiative						
Oral Expression						
Written Expression						
Judgment						
Problem Solving Skills						
Interpersonal Skills						
Organizational Ability						



ACADEMYCANADA

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How long have you known the applicant?

In what capacity do you know the applicant?

Would you recommend them for the noted program?

Yes No Uncertain

What particular attributes and skills does the applicant possess that prepares them for this program?

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What do you consider the applicant's strongest assets?

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What do you consider the applicant's major limitation(s), if any?

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Please note any contributions that the applicant has made to their field of interest?

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Are there any concerns you may have about the applicant that could prohibit him/her from working effectively in his/her chosen field? If yes, what are the concerns?

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Signature of Referee

Date

Office Use Only: