



CONFIDENTIAL
Trinity Western University Extension
Adult Degree Completion Program
ACADEMIC/EMPLOYMENT REFERENCE FORM

APPLICANT

Please complete this section before giving to your Academic or Employment Reference to complete:

Last Name _____ Given Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

REFERENCE:

The student named above has applied to Trinity Western University. Your recommendation is a vital part of the student's application process and your candid response in the following areas is crucial.

Mail form to the following address: Trinity Western University Extension
7600 Glover Road
Langley, BC, V2Y 1Y1

Title: Dr. Rev. Mr. Mrs. Miss Ms.

Last Name _____ Given Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

Position/Dept. _____ Organization _____

1. How long have you known the applicant? _____

2. In what context/relationship? _____

3. How well do you know the applicant? Very well Well Casually

Please describe the applicant by marking the appropriate column for each attribute:

ASSESSMENT	Excellent	Above Average	Adequate	Poor	Unable to Judge
Character/integrity					
Critical thinking skills					
Intellectual curiosity					
Proficiency in oral communication					
Proficiency in written communication					
Self-discipline					
Motivation					
Time-management skills					
Ability to handle stressful situations					
Energy level					
Technology/computer skills					
Completes assignments/projects in a timely manner					
Contributes collaboratively in a team setting					

Additional remarks or other issues of which we should be aware: _____

Highly Recommend Recommend Recommend with Reservation Do not Recommend

Signature: _____ Date: _____

Thank you for completing this recommendation.
Please contact us if you have any questions or if you wish to provide additional information.

Tel: 604-513-2067
Email: extension@twu.ca