

# EMPLOYMENT REFERENCE

To Support Application for Graduate Admission

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## SECTION I: To be completed by applicant

Full Name of Applicant \_\_\_\_\_

Program to which you are applying \_\_\_\_\_

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## SECTION II: To be completed by referee (employment)

Please complete the form and return it directly to the address below or to the applicant. The form must include your original ink signature in order to be valid. Please sign across the seam of the envelope if giving it to the applicant to send with their materials. Referees may include a letter with this form if they desire. The information in this report is confidential. We are particularly interested in the applicant's ability to demonstrate initiative, to work well as a team member, and to follow through on work assignments. We would appreciate knowing the basis of your general assessment. Please comment briefly on the applicant in the space below. Omission of comments may result in the applicant's file being delayed or denied.

Among employees I have known at the same stage in this field in recent years, I would rank this applicant in the upper \_\_\_\_\_ percentile.

**PLEASE CIRCLE ONE OF THE OPTIONS:** I **would / would not** recommend this applicant as a graduate student.

Your name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### PLEASE MAIL OR COURIER THE COMPLETED FORM DIRECTLY TO THE FOLLOWING ADDRESS:

Centre For Executive and Graduate Education  
Dalhousie University  
6100 University Avenue Suite 3100, PO Box 15000  
Halifax, NS B3H 4R2

Phone Number (902) 494-6391  
Toll-Free Number 1-800-205-7510  
Fax Number (902) 494-5164  
Email Address cege@dal.ca