EMPLOYMENT REFERENCE To Support Application for Graduate Admission

ELECTRONIC VERSION (Updated April 2021)

**SECTION I:**

|  |  |
| --- | --- |
| *Full Name of Applicant* |  |
|  *Program*  | ☐ Master of Information Management ☐ Master of Business Administration – Financial Services ☐ Master of Public Administration (Management) ☐ Master of Business Administration – Leadership  |

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

Please complete the form, save as a PDF, and return it via email from your personal work email address to cege@dal.ca. Documents submitted by personal assistants/secretaries will be rejected. 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 top \_\_\_\_ %.

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

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

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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