Letter of Reference

Post-Baccalaureate Diploma in Gerontology

| | | | interest in working with olde (Spring, Summer or Fall) |
|---------------------------|-------------|---------|---|
| The deadline for this app | lication is | | |
| Name of Applicant | | | |
| Applicant's Address | | | |
| Telephone: | | E-mail: | |
| Name of Referee: | | | |
| Title or Position held: | | | _ |
| Agency or School: | | | |
| Address: | | | |
| | | | |

In r c on for eferee

Please complete the following information to the best of your knowledge. We are providing this form for your convenience. If you prefer, you may provide the same information in a letter. References may be mailed or faxed directly to the Department of Gerontology at the address below or you may choose to return the reference to the applicant in the sealed envelope.

This information is requested to assist us in evaluating the application of the student listed above and is collected pursuant to the Freedom of Information and Privacy Act. It is the policy of this program to treat letters of reference as confidential. We can, however, be required to disclose the substance of any letter of reference where

| The Admissions Committee would appreciate your frank assessment of the applicant's suitability for a career involving work with older persons. |
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| Are there any other comments you would like to make? Attach a separate sheet if necessary. |
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| Academic Reference |
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| Category | Outstanding | Good | Fair | N/A | Remarks | |
|--------------------------|-------------------------|-------------|--------------------|-----------|--|-----|
| Academic Preparation | | | | | | |
| Originality | | | | | | |
| Skill at Research | | | | | | |
| ndustry/Initiative | | | | | | |
| ntellectual Capacity | | | | | | |
| nterpersonal Skills | | | | | | |
| Organization | | | | | | |
| Writing Skills | | | | | | |
| Leadership | | | | | | |
| All-round Ability | | | | | | |
| | | | | | | |
| Signed: | | | | | Date: | |
| Work Reference | e To be complete | ted by a si | upervis | or or vol | unteer co-ordinator. | |
| What is the name of ye | our company or | organizati | on? | | | |
| Please provide a brief o | description of the | clientele | served | by your | company or organization. | |
| What position did the | applicant hold?_ | | | | | |
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| Was this part-time or | fulltime? W | as this w | ork p | oaid or | voluntary? |
|--|-------------|-----------|-----------|-----------|--|
| Please indicate with a cl qualified to give an opin | | | of the ap | plicant i | n the following categories. If you do not feel |
| Category | Outstanding | Good | Fair | N/A | Remarks |
| Organization | | | | | |
| Writing Skills | | | | | |
| Leadership | | | | | |
| All-round Ability | | | | | |
| Originality | | | | | |
| Industry / Initiative | | | | | |
| Intellectual Capacity | | | | | |
| Interpersonal Skills | | | | | |
| Signed: | | | | | |
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