

APPLICANT'S NAME:

TERM APPLYING FOR:

ACADEMIC REFEREE: The student named above has applied to the Laurentian Leadership Centre Program in Ottawa. Your recommendation is a vital part of the student's application process and your candid response in the following areas is crucial. Please return this form by the dates listed below since we cannot act on the student's application until we receive your reference.

Please return the completed form by:

FALL SEMESTER (FEBRUARY 15TH) SPRING SEMESTER (OCTOBER 15TH)

Email your completed reference form from your university/college email address to the following address: llcadmin@twu.ca.

ASSESSMENT	Excellent	Above Average	Adequate	Poor	Unable to Judge
Academic Performance					
Academic Potential					
Writing Ability					
Study Habits/Discipline					
Motivation					
Honesty					
Emotional Maturity					
Self-Confidence					
Teachability					
Tolerance of other views					
Adaptability/Flexibility					

How long have you known this student, and in what capacity?

Please comment on the applicant's eagerness to learn and ability to work independently.

This student ranks in the top _____ % of all the students I have taught.

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

Highly
Recommend

Recommend

Recommend with
Reservation

Do Not
Recommend

Signature

Date

Full Name

Position/Dept

College/University

Phone

Email address