



SCHOOL OF EDUCATION
CONFIDENTIAL RECOMMENDATION FORM
MASTER OF EDUCATION PROGRAMS

NAME OF APPLICANT: _____
(Be sure that your name appears here exactly as it appears on your application form)

ACADIA ID NUMBER (if known) _____

Two references are required:

- one **academic** reference from a recent instructor/teacher/professor.
- one **professional** reference from someone other than an instructor/teacher/professor who would be familiar with your work yet not a family member.

NOTE REGARDING ACADEMIC REFERENCE: If you have not taken a course (undergraduate or graduate) in the last five years, you may substitute the required academic reference with a professional reference. This is the only circumstance in which two professional references are acceptable.

THIS REFERENCE IS (check one): PROFESSIONAL ACADEMIC

PROPOSED PROGRAM (check below)

- MASTER OF EDUCATION (Curriculum Studies)
- MASTER OF EDUCATION (Counselling)
- MASTER OF EDUCATION (Inclusive Education)
- MASTER OF EDUCATION (Leadership)
-

TO THE REFEREE:

The information provided in this report will be considered confidential and will not be released to the applicant or anyone outside Acadia University.

We are particularly interested in the applicant's academic aptitude, ability to work independently, professional competence, and potential to benefit from graduate study.

1. General Appraisal:

(please use reverse side/ or attach an additional sheet if necessary)

2. NAME OF REFEREE (Please type or print) _____
POSITION: _____
ADDRESS: _____
SIGNATURE: _____ DATE: _____

Please sign and return the form to the applicant in a sealed envelope OR mail directly to Acadia University's Division of Research and Graduate Studies Office at:
Box 70, 18 University Ave, 214 Horton Hall, Wolfville, NS, B4P 2R6