



ACADIA UNIVERSITY  
SCHOOL OF EDUCATION



CONFIDENTIAL RECOMMENDATION FORM  
MASTER OF EDUCATION PROGRAMS

**TO THE APPLICANT:** Please complete this section before sending the form to the referee.

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

ACADIA ID NUMBER (if known) \_\_\_\_\_

THIS REFERENCE IS (check one):     PROFESSIONAL     ACADEMIC

PROPOSED PROGRAM (check below)

- MASTER OF EDUCATION (Curriculum Studies)
- MASTER OF EDUCATION (Counselling)
- MASTER OF EDUCATION (InclusiveEducation)
- 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 if necessary)

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

PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE.