



TO THE APPLICANT:

Please provide the following information before submitting this form to your chosen referee. This form must be returned directly to the Office of Admissions by the referee. In order to expedite that process, it may be helpful to provide a return envelope addressed to Pacific Rim College.

I understand that this is a confidential reference form used for the sole purpose of evaluating my application for admission into Pacific Rim College. No information supplied by the referee will be made available to me, unless otherwise required by legal action.

SIGNATURE OF APPLICANT

DATE

NAME OF APPLICANT (please print)

TO THE REFEREE:

The person listed above is applying to Pacific Rim College and requests your referral to be used in the admission process. Please complete this form and **return it with a letter of reference** to the Office of Admissions at Pacific Rim College.

The content of this form and your reference letter are confidential. They will not be made available to the applicant or anyone outside of the Office of Admissions at any time, unless required by legal action.

By signing your name to this document, you attest that all information that you have provided is factual to the best of your knowledge.

NAME OF REFEREE

PROFESSIONAL POSITION/TITLE

INSTITUTION OR ORGANIZATION

CITY AND COUNTRY

CONTACT PHONE

EMAIL

May we contact you for clarification of information? Yes No

SIGNATURE OF REFEREE

DATE

(continued...)



SECTION ONE: Reference Letter

In a separate letter, please address the following areas:

- The amount of time that you have known the applicant and in what capacity
- The applicant's demonstrated academic ability to this point
- The applicant's desire for pursuing a career in a health care field
- Attributes that will facilitate the applicant's experience both as a student and as a practitioner

SECTION TWO: Applicant Evaluation

Please evaluate the applicant in the following areas by filling in the corresponding circles.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Intellectual Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health-Related Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Thinking Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness and Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambition and Dedication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honesty and Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compassion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential for Contribution as a Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION THREE: Submission

Please seal this Reference Form and your reference letter in an envelope addressed to the Office of Admissions, and sign your name across the seal.

Return To: Pacific Rim College
Office of Admissions
229-560 Johnson Street
Victoria, BC V8W 3C6

Please note that the applicant's request for admission will not be considered until the Office of Admissions receives this completed document and your reference letter. Thank you for taking the time to assist this applicant's admission into Pacific Rim College.