

BACHELOR OF EDUCATION REFERENCE SHEET

Deadline for Application January 10
(Please send directly to **bed@cbu.ca**)

Please check

ACADEMIC REFERENCE NON-ACADEMIC REFERENCE

To be completed by applicant (please print):

Last Name: _____ First Name: _____

Former Last Name: _____

To be completed by referee (please print):

Name: _____ Email: _____

Phone: _____

How long have you known the applicant?: _____

In what capacity do you know the applicant?: _____

Please check the box which best reflects the applicant:

Demonstrates	Exceptional	Very Good	Satisfactory	Unsatisfactory	Unable to Comment
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Subject Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for the Bachelor of Education program? Yes No

Additional Comments: _____

Date: _____ Signature: _____