



THOMPSON RIVERS
UNIVERSITY

Reference Form

Education and Skills Training Program
Career Education Department
Faculty of Student Development

This Reference Form should be filled out by someone who has known you in the past 2 years and knows you because they have been your:

Work Experience Supervisor, or

Volunteer Work Supervisor, or

Learning Assistant Teacher, or

Teacher or Counsellor, or

Social Worker, or

Band Elder, or

Employer

This person cannot be a family member.



THOMPSON RIVERS
UNIVERSITY

Reference Form

Education and Skills Training Program
Career Education Department
Faculty of Student Development

It is the applicant's responsibility to ensure that the reference form is returned to TRU Admissions.

Name of Applicant: _____

Name of Referee: _____ Phone #: _____

Address: _____

1. a) How do you know the applicant? (In what capacity)

b) How long have you known the applicant?

2. Please comment on the applicant's abilities in the following areas:

a) Communication skills (written & verbal)

b) Ability to work independently (on their own and without direct supervision)

c) Ability to follow directions.

d) Ability to manage their own transportation to and from a workplace.

e) Demonstrates a healthy lifestyle (i.e. Stress management, emotional stability, appropriate personal boundaries).

3. What do you see as the applicant's strength and/or areas needing improvement?

4. General comments (i.e. Barriers to completing program, working or volunteering, any special circumstances).

Signature: _____

Date: _____