Supplemental Application Graduate Studies

APPLICANT REFERENCE

Please provide this sheet to the people whom you have chosen to act as references on your behalf. Once complete, the referee should forward this reference directly to the StFX Admissions Office at the following mailing address:

Admissions Office, St. Francis Xavier University, PO Box 5000, Antigonish, Nova Scotia, Canada B2G 2W5 Referees may email scanned copies to admissions@stfx.ca

Name of Applicant:			
	first name	middle name	last name
StFX Student Number:			

	Excellent	Very Good	Satisfactory	Unsatisfactory	No Basis for Judgement	Comments
Scholastic Ability						
Integrity						
Initiative						
Oral Expression						
Written Expression						
Leadership						
Judgement						
Problem-Solving Abilities						
Organizational Abilities						
Self-directed						
Willingness to take direction						
Interpersonal Skills		_				
Overall Assessment						

How long and in what capacity have you known the applicant?
Based on your knowledge of the individual, do you recommend him/her for admission to StFX? Yes No
What do you consider to be the applicant's strongest assets?
What do you consider to be the applicant's major limitations relevant to graduate studies?
What particular attributes and skills does the applicant possess that prepare him/her for university-level study?

Please note any contributions you may be aware of the	at the applicant has made to his/her community or school:
Please elaborate on previous comments or provide ac	Iditional ones (use a separate sheet if required):
Signature:	Date:
Name: Address:	Position:
Telephone:	Email:

PLEASE SEND TO:

The Admissions Office

St. Francis Xavier University 5005 Chapel Square, Antigonish, Nova Scotia, Canada B2G 2W5 admissions@stfx.ca