



a place of mind

Academic Reference Form

Master of Occupational Therapy Program
Department of Occupational Science & Occupational Therapy
University of British Columbia



This **Academic Reference Form** is intended for referees verifying an applicant’s academic abilities and suitability to graduate studies. Referees verifying an applicant’s volunteer/work experience must complete the **Volunteer/Work Experience Reference Form**.

The individual named below is applying for admission to the Master of Occupational Therapy (MOT) program in the Department of Occupational Science & Occupational Therapy at the University of British Columbia.

Full Name of Applicant:

All applicants are required to provide two academic references from individuals qualified to comment on the applicant’s academic abilities and potential to succeed in a graduate program. If you are familiar with the applicant in a professional setting rather than an academic setting, please focus your comments on the applicant’s academic strengths.

In order for this reference form to be considered official, the form and the envelope’s seal **must** be sealed and signed by the referee. The completed and signed form must be mailed to the address below in a sealed and endorsed envelope so as to arrive by **January 15**. Faxed or emailed reference forms will not be accepted. Standard reference letters on organization or institution letterhead may be submitted in lieu of this form.

**Department of Occupational Science & Occupational Therapy
Attention: MOT Admissions
T325-2211 Wesbrook Mall
Vancouver, BC V6T 2B5**

In what capacity, how well and how long have you known the applicant?

Please comment on the applicant’s academic abilities and potential to succeed in a graduate program.

Please rank the applicant as follows:

N/A= unable to assess; 0=Poor; 1=Fair; 2=Good; 3=Very Good; 4=Excellent; 5=Outstanding

	Rank	Remarks
Academic Preparation		
Originality		
Skill at Research		
Industriousness		
Intellectual Capacity		
Teaching Ability (if known)		
All-round Ability		

- Please provide any additional comments you think will be helpful in assessing the applicant as a supplementary reference letter, on organization or institution letterhead, and attach it to this reference form.

REFEREE'S PROFESSIONAL CONTACT INFORMATION

Full Name: _____

Position/Title: _____

Organization/Institution Name: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

By submitting this reference, I verify that I am sufficiently familiar with the applicant's strengths to provide the above assessment of the applicant's academic abilities and potential to succeed in a graduate program.

Signature: _____

Date: _____