



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.

The completed and signed form must be scanned/PDF and emailed to [mot.admissions@ubc.ca](mailto:mot.admissions@ubc.ca) by **January 15**. Please include the applicant's full name in the subject heading of your email (e.g. UBC MOT Application Reference Letter for John Smith). Faxed or mailed reference forms will not be accepted for this application cycle. Standard reference letters on organization or institution letterhead may be submitted in lieu of this form but must be emailed to the address above.

**Please DO NOT send a copy of this reference form to the applicant. All reference forms must be directly sent by the referee and should remain confidential. Failure to comply may risk invalidation of the application.**

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

	<b>Rank</b>	<b>Remarks</b>
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:** \_\_\_\_\_