211 - 2386 East Mall Vancouver, BC, Canada V6T 1Z3 604-827-4136 apscpp@apsc.ubc.ca mel.ubc.ca, mhlp.ubc.ca

ACADEMIC REFERENCE LETTER

Please send to:

UBC MEL MHLP PROFESSIONAL LEADERSHIP MASTER DEGREES

A letter of reference may be submitted in lieu of this form. For this report or a reference letter to be considered official, the report or reference letter and the envelope's seal must be signed by the referee.

c/o Campus Mailing Services 2329 West Mall, Vancouver, BC V6T 1Z4, Canada **APPLICANT INFORMATION** Loct Names

UBC MEL MHLP Professional Leadership Master Degrees, Faculty of Applied Science,

rirst name:	Last Name:	Last Name:	
Professional Master's Degree:	Speciality:		
(MHLP or MEL)			
In what capacity, how well, and how long have	you known the applicant?		
f this applicant took a course(s) from you, wha	at was his/her rank in the class?		
Course Name	Course Number	Rank in Class	

Please rank the applicant in the following qualities and make brief remarks to support your ranking. Rankina: 0 = Poor. 1 = Fair. 2 = Good. 3 = Very Good. 4 = Excellent. 5 = Outstandina

Quality	Rank	Remark
Academic Preparation		
Originality		
Work Ethic		
Intellectual Capacity		
Interpersonal Skills		
All-round Ability		

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Please indicate whether the applicant has suffic	ient competence in Eng	lish to:
Understand lectures conducted in English and		
participate in class		
Read widely in English		
Express themselves in written English		
Please comment on the applicant's current tech Professional Master's degree.	nical knowledge and ak	pility will help them complete a
REFEREE'S CONTACT INFORMATION		
First Name:	Last Name:	
Current Position:	Institution:	
Mailing Address:		
Telephone:	Email:	
This Confidential Report must be both prepared by ar	• ,	•
will lead to the cancellation of any offer of admission	·	**
University. It is the policy of the University to treat as		
be required under Freedom of Information legislation		e of any letter of reference but only
where that can be done without disclosing the identit	ty of the writer.	
Referee's Signature:		
Referee's Name (Print):		Date (yyyy/mm/dd): Date.