



# REFERENCE FOR PROSPECTIVE STUDENTS

Canadian University College  
Office of Admissions  
5415 College Avenue  
Lacombe, Alberta Canada T4L 2E5  
403.782.3381 or 1.800.661.8129  
Fax: 403.782.2455  
www.cauc.ca • admissions@cauc.ca

## INSTRUCTIONS TO APPLICANT

Two references should be completed by people who know you well, but are not directly related. Suggested recommenders include a minister, church elder, teacher, counselor, principal, or employer. A final decision cannot be made until these forms are in your admission file. This form should be completed and returned to the Office of Admissions.

First Name	Middle	Last Name (family/surname)	
Current Mailing Address (Include permanent address separately if different)			
City	Province/State	Country	Postal/Zip Code

## INSTRUCTIONS TO RECOMMENDER

This individual has applied for admission to Canadian University College. Since applicants are required to have this form on file before admission can be considered, your prompt response will be appreciated. Please note that Canadian University College is a Seventh-day Adventist Christian college, desiring to admit students who wish to live in harmony with Christian principles and ideals. Please speak frankly in your comments.

Please rate the applicant in the following areas:					
	Exceptional	Good	Fair	Poor	No knowledge
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant, and in what capacity?
_____
_____

Please share any additional comments on the applicant:
_____
_____

Do you recommend this applicant for admission to Canadian University College?
<input type="checkbox"/> Strongly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservation <input type="checkbox"/> Do not recommend

Recommender's Name (First, Last)	Title		
Mailing Address	Phone Number		
City	Province/State	Country	Postal/Zip Code

Fax or email completed form to Office of Admissions. **Fax:** 403.782.2455 | **email:** admissions@cauc.ca  
Please contact us if you would like to discuss the applicant's admission.