

Master of Education (Sustainability, Creativity and Innovation) Professional Reference Form

Applicant Information

First name _____ Last name _____

Mailing Address _____ City _____ Prov./State _____ Country _____ Postal Code _____

Please check the box below that best reflects the qualities of the applicant. You may also submit a written assessment of the applicant's qualities; please attach a separate reference letter, and submit with this form by the specified date.

Professional Qualities	Outstanding (Top 5 – 10%)	Above Average (Top 25%)	Average (Top 50%)	Below Average	Unable to Comment
Oral and written communication					
Interpersonal skills					
Professional and ethical behaviour					
Commitment to professional and intellectual development					
Ability to work independantly					
Ability to work collaboratively					
Responsibility					
Initiative					
Perseverance					
Overall assessment					

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

Referee Information

First name _____ Last name _____

Signature _____

Position _____ Institution/Organization _____

Mailing Address _____ City _____ Prov./State _____ Country _____ Postal Code _____

Personal Telephone _____ Work Telephone _____ Email address _____ Date (dd/mm/yyyy) _____

Forward completed reference to:

TeacherEd@cbu.ca
Fax: 902-563-1449

Manager of Teacher Education - Department of Education
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