BACHELOR OF SPECIAL EDUCATION
CONFIDENTIAL REFERENCE

STUDENTS NAME          MUN STUDENT NUMBER

TO BE COMPLETED BY REFEREE

Name (Please print): ___________________________ Occupation/Title: ___________________________

Telephone Number: ___________________________ Email Address: ___________________________

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

Do you feel the program specified is appropriate for this student?  □ Yes  □ No

Please provide comments below attesting to the applicant’s suitability to work with exceptional children.

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Overall Recommendation:  □ Exceptional  □ Acceptable  □ Not Recommended

Please Note: If you wish to make any additional comments please attach a separate sheet to this reference form.

Signature: ___________________________ Date: ___________________________

SUBMIT THIS FORM TO:
The Office of the Registrar
Memorial University of Newfoundland
St. John’s, NL A1C 5S7
Room: A 2000  Fax: (709) 864-4893
Email: admissions@mun.ca

Access to information and protection of Privacy - The information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed to process your application for admission, to verify your qualifications and determine your eligibility for admission; for administration of student records, scholarships, and awards; for provision of student and alumni services; and for university planning and research. Upon registration at Memorial University, this information will form part of your student record and will be used to document your progress in an academic program. Student’s personal information may be disclosed to academic and administrative units, to federal and provincial agencies as legally required, to student governance associations, and to private health insurance provider(s) as necessary to administer the applicable student health insurance program. For details on the use and disclosure of student’s personal information, please contact The Faculty of Education, Admissions Office at (709) 864-6934 email: edadmiss@mun.ca.