DIPLOMA IN ADULT LEARNING AND POST SECONDARY EDUCATION  
Confidential Reference Form (To be completed and returned by referee)

<table>
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<tr>
<th>STUDENTS NAME</th>
<th>MUN STUDENT NUMBER</th>
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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

The Faculty of Education would appreciate your opinion on the candidate’s interest in teaching within the domain of Adult Education, as well as your evaluation of personal characteristics such as flexibility, creativeness and suitability to work with adults as a learning facilitator.

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.