



The Michener Institute

Advanced Diploma Program Confidential Applicant Assessment—Graduate Programs

Office of the Registrar, The Michener Institute for Applied Health Sciences
222 St. Patrick Street, Toronto, Ontario, M5T 1V4
Phone (416) 596-3177 ♦ Toll free 1 (800) 387-9066 ♦ Fax (416) 596-3180

Applicant's Name _____

Program _____

Instructions

Applicant Fill in your name and program, then forward to the referee for completion.

Referee The applicant is applying for admission into a post-diploma program offered by The Michener Institute. In order to select applicants whose accomplishments, personal attributes and abilities indicate the best potential for success in the respective programs, we request your candid assessment of the applicant. This information is totally confidential and will not be released to the applicant.

Note If you do not know the candidate well enough to make a valid assessment, it would be in the interest of both the candidate and The Michener Institute for you to decline the invitation to act as a referee.

Decline

Upon completion of this form, please mail it directly to the Office of the Registrar at the above address.

To be completed by the referee only

General Information

Name _____
 Title _____
 Employer _____
 Address _____

 Telephone _____
 Fax _____

Relationship to applicant

- Department head or equivalent
- Immediate supervisor or equivalent
- Former teacher or personnel officer
- Other, please specify: _____

How *well* do you know the applicant?

- very well
- not very well
- fairly well

How *long* have you known the applicant?

- less than 1 year
- more than 5 years
- between 1-5 years

Referee's Assessment of the Applicant

Please indicate with a (✓) on each of the following items your rating of the applicant.

Item	Superior	Very Good	Good	Fair	Poor	Cannot Comment
Communication skills						
Interpersonal skills (ability to get along with others)						
Works well without supervision						
Professional attitude						
Ethical behaviour						
Takes initiative						
Considerate and sensitive to others						
Dependable/responsible						
Adaptable						
Co-operative						

Comments

Please make any comments you think are important for admission considerations. Use an additional sheet of paper if necessary.

Referee's signature _____ Date _____

For office use only
 Reviewer's initials _____ Date _____ Assessment _____