DEPARTMENT OF GERONTOLOGY
GERONTOLOGY RESEARCH CENTRE

2800-515 West Hastings Street
Vancouver BC Canada V6B 5K3
T: 778.782.5062
F: 778.782.5066
EMAIL: gero@sfu.ca
WWW.SFU.CA/GERONTOLOGY

LETTER OF REFERENCE

POST-BACCALAUREATE DIPLOMA IN GERONTOLOGY

The Gerontology Diploma Program is a multi-disciplinary program for people interest in working with older adults. The person listed below is applying for admission to the ______________(Spring, Summer or Fall) semester.

The deadline for this application is_____________________

Name of Applicant
_____________________________________________________

Applicant’s Address
_____________________________________________________

_____________________________________________________

Telephone:_________________ Fax:_________________ E-mail:_________________

Name of Referee:__________________________________________

Title or Position held:_____________________________________

Agency or School:_________________________________________

Address:_________________________________________________

Telephone:_________________ Fax:_________________ E-mail:_________________

Instructions for Referees

Please complete the following information to the best of your knowledge. We are providing this form for your convenience. If you prefer, you may provide the same information in a letter. References may be mailed or faxed directly to the Department of Gerontology at the address below or you may choose to return the reference to the applicant in the sealed envelope.

This information is requested to assist us in evaluating the application of the student listed above and is collected pursuant to the Freedom of Information and Privacy Act. It is the policy of this program to treat letters of reference as confidential. We can, however, be required to disclose the substance of any letter of reference where that can be done without disclosing the identity of the writer. If in the course of consideration of an applicant a negative decision is made within the department, the applicant is entitled to see a summary or an edited version of this reference.

Department of Gerontology, Simon Fraser University at Harbour Centre
#2800 – 515 West Hastings Street, Vancouver, BC, Canada V6B 5K3
Telephone: (778) 782-5065 Fax: (778) 782-5066
Briefly describe your current position and responsibilities:

____________________________________________________________________________________

In what capacity, how well and how long have you known the applicant? ______________________

____________________________________________________________________________________

English is the language of instruction at SFU. In your opinion, does the applicant have sufficient competence in written and spoken English to be able to carry out the program? □Yes □No

Indicate your assessment of the applicant’s ability to work with others.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

The Admissions Committee would appreciate your frank assessment of the applicant’s suitability for a career involving work with older persons.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Are there any other comments you would like to make? Attach a separate sheet if necessary.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
**Academic Reference** The following section is to be completed by instructors only.

What is your assessment of the applicant’s ability to complete a post-baccalaureate program of study (i.e. academic strengths and weaknesses).

Give the applicant’s approximate rank compared to other students at his/her stage. (i.e. top 10%, top 25%, etc.)

Please indicate with a check mark, your rating of the applicant in the following categories. If you do not feel qualified to give an opinion, please check N/A.

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<th>Category</th>
<th>Outstanding</th>
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Signed: ___________________________  Date: ___________________________
Work Reference  To be completed by a supervisor or volunteer co-ordinator.

What is the name of your company or organization? ____________________________________________

Please provide a brief description of the clientele served by your company or organization.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What position did the applicant hold?_____________________________________________________________________________________

When did the applicant work with your organization? From __________ to __________.

Please provide a brief description of the work performed.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Was this □ part-time or □ fulltime? Was this work □ paid or □ voluntary?

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