

## REFERENCE FOR ADMISSION TO DOCTOR OF COUNSELLING AND PSYCHOTHERAPY

This is a fillable PDF form. Please type in all the information.

**Referees should be professionally or academically related to the applicant.**

**If the applicant has graduated within the past 3 years**, one reference must, if possible, be from the academic supervisor of the applicant's thesis or capstone project or from a practicum supervisor during the masters-degree program. The second reference can be from a professor from the applicant's masters-degree program, or from an individual or colleague who is a regulated health care professional in good standing (i.e., is a regulated member by a provincial/territorial Health Care Act).

**If the applicant has graduated more than 3 years ago**, it is still preferred that one reference is from the academic supervisor of the applicant's thesis or capstone project or from a practicum supervisor from the applicant's masters-degree program. Failing this, one or both references can be from a professor from the applicant's masters-degree program or from individuals or colleagues who are regulated health care professionals in good standing (i.e., regulated member by a provincial/territorial Health Care Act).

**TO THE REFEREE:** The applicant has applied for admission to the Doctor of Counselling and Psychotherapy at Yorkville University and has nominated you as a referee. The Admissions Committee will look to the letters of reference for evidence that the applicant is prepared for graduate-level study in counselling and is likely to succeed in the program. Your candid appraisal of the applicant is appreciated. The letter of reference is confidential and will be used for admissions purposes only.

**Please save this document and email directly to the university at [documents@yorkvilleu.ca](mailto:documents@yorkvilleu.ca).**

**REFEREE Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**APPLICANT Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Previous Name (if applicable): \_\_\_\_\_

**Relationship to applicant:**

**If Other, please provide detail:**

**Applicant's abilities:** Please rank the applicant's abilities using the categories below.

Intellectual Capacity	Work Ethic
Academic Preparedness	Writing Skills
Originality	Communication
Initiative	Recommendation

Referee's Name in Print: _____	Phone: _____
Title: _____	Fax: _____
Work Address: _____	Email: _____
Signature: _____	Date: _____

**Please type your name in the box above as an electronic signature if you can not sign due to technical reasons.**

**To the referee:** In the box below please include your letter of reference detailing your candid comments regarding the applicant's strengths and weaknesses, as well as their readiness for doctoral-level study in counselling and psychotherapy.