

Of approximately _____ students I have taught at the applicant's level, I would assess this student to be in the top _____%

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

Referee

Name (please print)

Signature

please print

Position

Institution / Company

Mailing Address

City

Prov

Country

Postal Code

Telephone

email

Date (dd/mm/yyyy)

Please enclose this Reference in a sealed envelope. Sign across the seal.
Return the envelope directly to the Admissions Office (address below) or to the applicant
by **January 22, 2021**.

**Admissions Office, Mount Saint Vincent University
166 Bedford Highway, Halifax, Nova Scotia, B3M 2J6
admissions@msvu.ca
Fax: 902-457-6498**