



**ST. FRANCIS XAVIER**  
UNIVERSITY

# APPLICANT REFERENCE

Please provide this sheet to the people whom you have chosen to act as references on your behalf.

Once complete, the referee should forward this reference directly to the StFX Admissions Office at the following mailing address:

**Admissions Office, St. Francis Xavier University, PO Box 5000, Antigonish, Nova Scotia, Canada B2G 2W5**

Referees may email scanned copied to [admit@stfx.ca](mailto:admit@stfx.ca) Faxed copies will also be accepted and can be sent to 1-902-867-2329

Name of Applicant:

*first name*

*middle name*

*last name*

Program applied to:

	Excellent	Very Good	Satisfactory	Unsatisfactory	No Basis for Judgement	Comments
Scholastic Ability						
Integrity						
Initiative						
Oral Expression						
Written Expression						
Leadership						
Judgement						
Problem-Solving Abilities						
Organizational Abilities						
Self-directed						
Willingness to take direction						
Interpersonal Skills						
Overall Assessment						

How long and in what capacity have you known the applicant

Based on your knowledge of the individual, do you recommend him/her for admission to StFX?  Yes  No

What do you consider to be the applicant's strongest assets?

What do you consider to be the applicant's major limitations relevant to graduate studies?

What particular attributes and skills does the applicant possess that prepare him/her for university-level study?

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Please note any contributions you may be aware of that the applicant has made to his/her community or school:

Please elaborate on previous comments or provide additional ones (use a separate sheet if required):

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Signature:

Date:

Name:

Position:

Address:

Telephone:

Email:

**PLEASE SEND TO:**

**The Admissions Office**

St. Francis Xavier University

5005 Chapel Square, Antigonish, Nova Scotia, Canada B2G 2W5

Fax: **902-867-2329**

Email: **admit@stfx.ca**