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Please e-mail the completed form to admissions@tati.on.ca

GRADUATE LEVEL DIPLOMA IN ART THERAPY

Applicant Reference Form

Applicant Name: _____

Reference Type (select one):

- Professional/academic: Can comment on applicant's suitability for art therapy training and practice from the perspective of a supervisory role in relation to applicant
- Character: Can comment on applicant's suitability for art therapy training and practice, but cannot be a family member or close friend

Reference Writer Information:

First and Last Name: _____

Email: _____

Academic Affiliation / Company / Organization: _____

Position: _____

How long have you known the applicant? _____
(i.e. number of year, month, etc.)

In what capacity do you know the applicant?

- As their teacher/professor/mentor
- As their employer
- As their colleague
- Other (please specify): _____

Please provide a reference statement on the next page.

Reference statement (up to 500 words):

Signature _____

Date _____

Thank you for your time in providing a reference for the applicant!