



Phone: 519-787-4322

www.wcasv.ca

krista.tfio@bell.net

195 St. David Street South

3rd Floor

Fergus, ON N1M 2L4

Reference for Student Membership

Note to Applicant: Please complete the following information and give a copy of this form to your reference for completion.

Applicant name: _____

Mailing address: _____

Email address: _____

Telephone number: _____

Note to Individual Providing Reference:

Students, including graduate students, studying veterinary medicine are eligible to join the Western Canadian Association of Swine Veterinarians in a non-voting membership capacity.

The above-named individual is applying for student membership in WCASV and has requested that you act as a reference. A reference must be able to confirm the applicant's role in veterinary medicine.

Please answer the questions on this form and include any additional comments that you feel may be helpful. This form will be reviewed by the WCASV Board to ensure that the applicant has the necessary background for membership.

Reference name: _____

Mailing address: _____

Email address: _____

Telephone number: _____

1. In what capacity have you had association with the applicant? I am (was) the applicant's:

Teacher Supervisor Co-worker Other, please specify: _____

2. What length of time have you known the applicant in the above capacity? _____ years

3. Do you feel that the applicant fully meets the eligibility requirements of for WCASV student membership?

Yes No

4. Please list any comments that will aid the provincial board in making a fair evaluation of this applicant.
