

REFERENCE FORM – PRIEST/PASTOR/IMAM

CONFIDENTIAL

Name of Applicant | First Name: Last Name:

The person named above is applying for admission to the Master of Divinity program or to the Master of Theological Studies (with concentration in Spiritual Care and Chaplaincy or Ministry Leadership at Huron at Western, and is asking for a reference from you. Thank you for your sincere and candid appraisal of this person's character, academic ability, and suitability for religious leadership.

Name of Referee First Name:		Last Name:		
Address:	Country:			
House/Unit number, Street				
City:	Postal Code:	Province:		
Telephone:	E-mail Ac	ldress:		

HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CONTEXT?

HOW WOULD YOU RATE THE APPLICANT IN THE FOLLOWING CATEGORIES: (PLEASE CHECK)

5 = Excellent; 1 = poor					
Religious faith & commitment	5	4	3	2	1
Academic competence	5	4	3	2	1
Ability to communicate	5	4	3	2	1
Emotional maturity	5	4	3	2	1
Ability to work with others	5	4	3	2	1
Ability to exercise leadership	5	4	3	2	1
Relational skills	5	4	3	2	1
		1			

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PLEASE EVALUATE THE APPLICANT'S CHARACTER, OPENNESS TO LEARN, RELIABILITY, AND GOOD JUDGEMENT:

HOW WOULD YOU SUMMARIZE THIS PERSON'S STRENGTHS?

HOW WOULD YOU SUMMARIZE THIS PERSON'S WEAKNESSES?

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HOW DO YOU EVALUATE THIS PERON'S CHARACTER AND/OR RELATIONSHIPS IN LIGHT OF YOUR PERCEPTION OF REQUIREMENTS FOR A RELIGIOUS VOCATION?

HOW WOULD YOU DESCRIBE THIS PERSON'S LEADERSHIP AND WORK IN THEIR RELIGIOUS COMMUNITY THUS FAR?

I recommend this applicant for admission unreservedly.

I recommend this applicant for admission with reservations.

I do not recommend this applicant for admission.

OTHER COMMENTS:

Signature of referee:

Date:

Once completed, please submit this form to <u>huron@uwo.ca</u>.