

# MTS REFERENCE FORM

## CONFIDENTIAL

Name of Applicant | First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

The person named above is applying for admission to the Master of Theological Studies program of Huron at Western and is asking for a reference from you. You may have known them in a professional setting, academic environment, or community setting (religious or otherwise). Thank you for your sincere and candid appraisal of this person's character, academic ability, and suitability for theological study and/or public leadership.

Name of Referee | First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Country: \_\_\_\_\_  
House/Unit number, Street

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 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

Academic competence	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Ability to communicate	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Emotional maturity	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Ability to work with others	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Ability to exercise leadership	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Relational skills	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

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

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**HOW WOULD YOU SUMMARIZE THIS PERSON'S STRENGTHS?**

**HOW WOULD YOU SUMMARIZE THIS PERSON'S WEAKNESSES?**

**PLEASE EVALUATE THIS PERSON'S ACADEMIC ABILITY TO DO THEOLOGICAL STUDY.**

**ARE THERE ANY FACTORS OF WHICH YOU'RE AWARE THAT MAY AFFECT THE APPLICANT'S ACADEMIC PERFORMANCE?**

**OTHER COMMENTS:**

Signature of referee: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed, please submit this form to [huron@uwo.ca](mailto:huron@uwo.ca).