

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 theology@huron.uwo.ca.