

REFERENCE FORM – UNIVERSITY/ACADEMIC INSTRUCTOR

(If this applicant has been out of school for several years, this form may have been given to a work supervisor.)

	CONF	IDENTIAL				
Name of Applicant First Name:			Last Name:			
The person named above is applying of Theological Studies (with concerning Christian Congregational Stream) you for your sincere and candid appreligious leadership.	ntration in Spiri at Huron at Wes	itual Care and stern, and is	d Chaplaincy asking for a r	or Ministry L eference fror	eadership – n you. Thank	
Name of Referee First Name:			Last Name:			
Address:			Country:			
House/Unit number, Stre	eet					
City:	Postal Code:		Province:			
Telephone:		E-mail Address:				
HOW WOULD YOU RATE TH (PLEASE CHECK)	HE APPLICAI	NT IN THE	FOLLOWI	NG CATEO	ORIES:	
5 = Excellent; 1 = poor						
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 🗆	

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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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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?
 □ 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:

Once completed, please submit this form to huron@uwo.ca.

Signature of referee:

Date: