

REFERENCE FORM – EMPLOYER OR LAY PERSON

Name of Applicant | First Name: _____ Last Name: _____ Last 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 – Christian Congregational Stream) 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 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 🗌	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 STUDY.	ACADEMIC ABILITY TO DO THEOLOGICAL
ADE THERE ANY FACTORS OF WHIC	H YOU'RE AWARE THAT MAY AFFECT THE
APPLICANT'S ACADEMIC PERFORM	
☐ I recommend this applicant for admission u	nreservedly.
☐ I recommend this applicant for admission w	ith reservations.
I do not recommend this applicant for admis	ssion.
OTHER COMMENTS:	
Signature of referee:	Date:

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