
REFERENCE
FOR APPLICANT TO GRADUATE STUDIES IN THEOLOGY

CONFIDENTIAL

Return to the applicant in a sealed envelope bearing your signature or notify him/her when you have sent your reference to the Admissions Office of Saint Paul University.

Name of Applicant: _____

Address of Applicant: _____

Program(s) to which Applicant is applying: _____

Concentration: _____

Name of Respondant: _____

Address of Respondant: _____

Phone (Home): _____ (Office): _____

Profession of Respondant: _____

In what capacity have you known the above-named applicant? (professor, director)

For how many years/months? _____

Recommendations play an important role in the Faculty's admission process. We will be very grateful, therefore, for your candid assessment of the candidate's capacities and motivation for graduate study in Theology.

B. In your judgment, does the applicant demonstrate the personal and intellectual qualities required in a graduate program for which he/she is applying? Please specify program: M.A./ L.Th./ Ph.D./ D. Th./ M.P.Th./ MRE.

C. What are the applicant's academic strengths?

D. What are the applicant's academic weaknesses?

E. Are there special factors which we should consider when reviewing the applicant's credentials or admission request?

F. Other comments:

Date

Signature of Respondant

RETURN TO:

Office of the Registrar
Saint Paul University
223 Main Street
Ottawa ON
K1S 1C4 CANADA