



Reference for applicants
THEOLOGY PROGRAMS

CONFIDENTIAL

Return directly to :

Office of Admission, Registrar and Student Services
Saint Paul University
223 Main Street
Ottawa, Ontario, Canada K1S 1C4
admission@ustpaul.ca

This form should not be printed but completed and returned to the Office of Admission directly.

About the candidate

Name _____
Requested program _____

About the referee

Name _____
Title / Profession _____
Institution _____

1. Knowledge of the applicant

a) How long have you known the candidate?



b) In what context/capacity have you known the candidate?

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2. Specific characteristics of the candidate

Please comment on the following specific characteristics in regard to this applicant in the context in which you have known him/her. Please be as specific as possible, including providing specific examples. Where possible please also supply supporting evidence (e.g., projects, essays, etc.).

(If you have known the candidate in more than one context, please identify the relevant contexts and length of time in your answers below.)

Quality of academic work
Time management
Ability to work collaboratively (team) and take direction
Creativity and originality
Initiative, persistence, industriousness
Personal maturity, sound judgment in personal relationships



Observed weaknesses, difficulties, challenges

Knowledge of other languages

For candidates applying to the Master of Divinity or the Doctorate in Ministry:

Pastoral sensitivity, capacity for ministry, capacity for self-reflection and discernment

3. Student ranking

Student ranking compared with students in the context you have described (e.g., top 2% of students in a class, best thesis project directed, average performance, etc.)

4. Other specific or noteworthy characteristics of the applicant's work



5. Conclusion

a) Your assessment of the likelihood of success in the degree programme for which the student is applying?

b) Do you endorse this applicant for admission to this program?

- Yes without qualifications
- Yes with Qualifications (please specify in the box that follows)
- No

For further information

May the Faculty contact you for further information on the applicant if required ?

- Yes
- No

If we may contact you, please provide contact information:

CONTACT DETAILS	TELEPHONE NUMBER
	E-MAIL

Signature

_____/_____/_____
Date

