

# REFERENCE FORM – EMPLOYER OR LAY PERSON

## CONFIDENTIAL

Name of Applicant | First 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 Pastoral Care or Congregational Ministry) 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 church 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?**

- 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:**

Signature of referee: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed, please submit this form to [huron@uwo.ca](mailto:huron@uwo.ca).