

To be filled out by a professor (current or former), Colleague, Mentor or classmate.

Applicant information:

Name: _____
 First Last

Address: _____
 Street City Province Postal Code

To be filled out by the referee:

- 1. How many years have you known the applicant? _____
- 2. To what degree do you know the applicant? Very Well Well Casually
- 3. Please describe your relationship to the applicant: Current/Formal Professor Colleague Mentor
 Classmate Other _____
- 4. Please comment on the applicant’s academic profile (area of study, proficiency, level of expertise, willingness to learn, etc.).

- 5. Please comment on the applicant’s specific gifts and abilities.

- 6. Please comment on the applicant’s suitability for their chosen area of study at the seminary/graduate level.

7. Are there any traits/conditions that would limit the applicant's effectiveness in their education? Yes No

If Yes, please explain: _____

8. Please rate the applicant in the following areas (circle one):

Area	Not Observed	Weak	Needs Improvement	Good	Strong	Excellent
Time Management	0	1	2	3	4	5
Emotional Health/Stability	0	1	2	3	4	5
Ability to Handle Stress	0	1	2	3	4	5
Personal Discipline	0	1	2	3	4	5
Work Ethic	0	1	2	3	4	5
Creative Thinking	0	1	2	3	4	5
Reasoning Skills	0	1	2	3	4	5
Ability to Work on a Team	0	1	2	3	4	5
Oral Communication Skills	0	1	2	3	4	5
Written Communication Skills	0	1	2	3	4	5
Research Skills	0	1	2	3	4	5
Ability to Understand Complex Ideas	0	1	2	3	4	5

To be filled out by the referee:

Name: _____
 First Last

Phone Number (in case we have any questions): (____) _____

By signing below I, _____ acknowledge that, to my knowledge, all the information above is accurate and true
 Please print name

Signature: _____ Date: _____

Please do not return this form to the applicant. Please send this reference to the Briercrest Enrolment Services office via fax or email.

Email: enrolnow@briercrest.ca Fax: 1-800-667-2329 (Toll free)