



THEOLOGICAL COLLEGE OF THE CANADIAN REFORMED CHURCHES

110 WEST 27th STREET, HAMILTON, ONTARIO CANADA L9C 5A1
 TELEPHONE 905-575-3688 FAX (905) 575-0799

Academic Reference

Name of Applicant: _____

Program: _____ Applicant's Agreement to Confidentiality _____ ¹

Note to Referee:

As the above student has requested admission to the Theological College, a recommendation from an instructor is desirable. Please complete the following according to your familiarity with the applicant and comment where possible. Above you will also find indicated whether the applicant has waived his/her right to access to this document. Please mail this document by means of the envelope the student has provided. Thank you for your co-operation.

	Excellent	Very Good	Good	Average	Below Average	Inadequate Opportunity to Observe
Level of intellectual curiosity						
<i>Comments:</i>						
Ability to be focused						
<i>Comments:</i>						
Initiative						
<i>Comments:</i>						

¹ **Note to the Applicant:** Enter your name and address. Please sign also to agree to confidentiality. While you are under no obligation to do so, signing indicates that you waive the right to view this reference letter hereafter. You should then provide a stamped envelope designated for the Registrar at the above address.

	Excellent	Very Good	Good	Average	Below Average	Inadequate Opportunity to Observe
Interpersonal skills						
<i>Comments:</i>						
Ability to express in writing						
<i>Comments:</i>						
Ability to express orally						
<i>Comments:</i>						
Imagination and creativity						
<i>Comments:</i>						
Integrity						
<i>Comments:</i>						
<i>Other Comments:</i>						

Signature _____

Name _____

Position _____ Date _____