

BRIERCREST SEMINARY ACADEMIC REFERENCE

To be filled out by a Professor (current or former), Colleague, Mentor, or Classmate.

APPLICANT INFORMATION:

Name: _____

Address: _____

To be filled out by the referee:

- I. How many years have you known the applicant? _____
- II. To what degree do you know the applicant? Very Well Well Casually
- III. Relationship to the applicant: Current/Former Professor Colleague Mentor
Classmate Other _____
- IV. Please comment on the applicant’s academic profile (area of study, proficiency, level of expertise, willingness to learn, etc.).

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

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

- VII. Are there any traits or conditions that would limit the applicant’s effectiveness in their education? Yes No

If Yes, please explain: _____



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

AREA	NOT OBSERVED	WEAK	NEEDS IMPROVEMENT	AVERAGE	GOOD	STRONG
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

Name: _____

Phone Number (in case of questions): _____

By signing below I, _____ acknowledge that all the information is accurate and true.

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: 1.306.912.7862

