

# 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.).

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

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

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

If Yes, please explain: \_\_\_\_\_

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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: 1-800-667-2329 (Toll free)

