



**McMaster Divinity
College**

1280 Main St. W.
Hamilton, Ontario
Canada L8S 4K1
905.525.9140 x24402
Fax: 905.577.4782
divadmit@mcmaster.ca

PASTORAL REFERENCE

Note: Please send this form to your referee, who should complete the form and submit it directly to the Admissions Office by mail, email or fax.

Name of Applicant: _____

Program: _____ Area of Emphasis/Examination: _____

The applicant has recognized the confidential nature of this reference letter and has waived his/her right of access to it.

To the Referee: The Admissions Department would appreciate your appraisal of this applicant. Please return a reference as soon as possible to the Office of Admissions by email, mail, or fax (see details listed above). Thank you for your assistance.

- How long have you known the applicant and in what capacity?
- Please indicate below your assessment of the applicant's ministry potential compared to others studying at a similar academic level.

General	Outstanding Top 10%	Above Average Next 20%	Average Next 20%	Below Average Lower 50%	Unable to Tell
Leadership Ability					
Maturity and Emotional Stability					
Ability to Work Collaboratively					
Originality					

Communication Skills

Oral Skills					
Written Skills					

Work Habits

Industry					
Initiative					

Ministry Potential

Personal Interaction					
Pastoral Aptitude					
Teaching Aptitude					

- Your personal feedback concerning the applicant would be appreciated. Please attach this information on your organization's letterhead.

Please check the appropriate statement:

- I recommend the applicant.
- I recommend the applicant with reservation. (Please provide a written explanation.)
- I do not recommend the applicant. (Please provide a written explanation.)

Name of Referee (please print): _____

Phone: _____ E-mail: _____

Address: _____

Signature: _____ Date: _____