

**WEST AFRICA THEOLOGICAL SEMINARY**  
**35/37 INTERNATIONAL AIRPORT RD.**  
**P.M.B. 003, MM INT'L AIRPORT**  
**LAGOS, NIGERIA**

**REFERENCE FORM**

PART 1-To be completed by the Applicant.

1. Name of Applicant: \_\_\_\_\_

2. Applicant's address: \_\_\_\_\_

Print your name and address on the lines above. Send to the referee with a stamped envelope. The form should be returned to the Registrar sealed and enclosed with the Application form.

I willingly waive my right of access to see this recommendation knowing that this waiver is not required as a condition for admission.

\_\_\_\_\_  
Signature

Part II-To be completed by your church leader.

1. Name of person giving reference: \_\_\_\_\_

The applicant has given your name as a reference. The admission committee needs to gather as much information as possible in order to determine this student's fitness for pursuing graduate study at the Master's level. Please provide as honest and candid answers as possible.

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? (state relationship) \_\_\_\_\_

Please evaluate the applicant in the following areas:

	Excellent	Good	Average	Poor
Clarity of goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to face reality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of think critically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and intellectual integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your general impression of applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know of any physical, mental or emotional problems, which might hinder the applicant's academic progress?

Yes       No      If yes, please elaborate. \_\_\_\_\_

Do you have further comments that would help us evaluate this student's application?

(please attach a separate page if necessary) \_\_\_\_\_

Summary Recommendation.

Not  
Recommended

Recommended  
With reservations

Strongly  
Recommended

Enthusiastically  
Recommended

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
CONTACT ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
DATE