

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: _____

1. 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.

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

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 applicant'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/DENOMINATION

POSITION

CONTACT ADDRESS

PHONE

CITY

STATE

DATE