

**Application for
MASTER OF THEOLOGICAL STUDIES PROGRAM
REGIS COLLEGE**

Reference Evaluation Form

Name of Candidate: _____

Name of Person Completing Reference: _____

In what capacity do you know the candidate? _____

How long have you known the candidate? _____

Address _____

Email Address _____

Phone number(s) _____

1. Please mark with "X" to describe the candidate with respect to the following skills, characteristics, aptitudes and capacities.

	10 = Outstanding	9 = Excellent	8 = Very Good	7 = Good	6 = Fair	5 = Adequate	4 = Poor	0 = Unable to Judge
Academic Achievement								
Oral/Written Expression								
Pastoral Skills and Sensitivity								
Sense of Responsibility								
Motivation								
Overall Potential								

2. Please comment on the applicant's academic and personal preparedness for the proposed course of studies, and on his/her strengths and weaknesses: *(Use the other side of this sheet if necessary)*

Signature _____ Date _____