**APPLICANT**

This reference is best completed by a professor who is familiar with your academic performance. If you have been out of school for a long time and thus are unable to contact a professor, you may have your employer complete it instead. Do not ask a relative to complete this reference. Please be sure to complete the following section before giving this form to your referee:

Name: _____________________________________________________________________________________________

Family Name                                                                    First  Name                                                  Middle Name                                             Maiden Name

Regent Student Identification #: ______________________________________________________________________

**REFEREE**

The above-named applicant is applying for admission to a graduate program at Regent College. Your honest evaluation of this person is appreciated.

1. In what capacity and for how long have you known the applicant?

2. How well do you know the applicant?

3. Regarding the applicant, please comment on the following:
   a. Ability to express ideas in writing (in English).
   b. Oral ability to communicate (in English).
   c. Capacity for original ideas.
   d. Ability to interact with the ideas of others.
   e. Work habits / Promptness / Thoroughness.
   f. Ability to reason, evaluate data and make sound judgments.
g. Potential for leadership.

h. Ability to accept and act on constructive criticism.

i. Creativity in solving problems.

j. Ability to complete tasks and achieve goals.

4. a. What do you consider to be the applicant’s greatest academic strength?

b. What do you consider to be the applicant’s greatest academic weakness?

5. Additional comments?

6. Please check the appropriate statement:
   ☐ I recommend the applicant.
   ☐ I recommend the applicant with reservation. (Please specify.)
   ☐ I do not recommend the applicant. (Please specify.)

Signature: ____________________________ Name (Please print): ____________________________

Position/Title: ____________________________ School/Organization: ____________________________

Mailing Address: ____________________________

Phone: ( ) ____________________________ E-mail: ____________________________

Regent alum? ☐ Yes ☐ No

Please mail this completed form to:

Regent College, Office of Admissions
5800 University Boulevard
Vancouver BC V6T 2E4
Canada

Thank you for your prompt cooperation.