



Bishop Allison Theological College Recommendation Form

*Please return the completed form to the office of the Academic Dean in a sealed envelope with the applicant's name and the words "Recommendation Form" written on the front of the envelope. Applicants should not read the recommendation which has been written about them.

Name of Prospective Student: _____

Proposed Term and Year of Enrollment: _____ 20____

Name of Referee: _____

Referee's Position and Title: _____

Referee's Contact Information (Phone and Email) and Address: _____

General Recommendation

Please tick one of the following statements:

I recommend this applicant enthusiastically.	<input type="checkbox"/>
I recommend this applicant.	<input type="checkbox"/>
I recommend this applicant with reservation.	<input type="checkbox"/>
I do not recommend this applicant.	<input type="checkbox"/>

Detailed Recommendation

(Please use another sheet of paper to write out the detailed recommendation for the applicant.)

The Admissions Committee would appreciate a candid statement from you concerning the above named person who has applied for admission to Bishop Allison Theological College. Your candor will assist us in making a fair appraisal and decision regarding the applicant. Your letter is very important. Please take time to write fully about this applicant's gifts, graces, strengths, and weaknesses. Please especially address the following eight points in your recommendation:

1. Length of time and context in which you have known the applicant
2. The vocational call and commitment of the applicant
3. Readiness, gifts, and promise for ordained or lay ministry of the applicant
4. Areas/abilities for ministry that the applicant will need to strengthen or improve
5. The applicant's academic ability and capacity for advanced academic study
6. Overall character and personality of the applicant
7. Emotional stability of the applicant – please indicate known strengths and weakness as related to the tasks of ministry
8. Other issues or information that would assist our assessment of this applicant

Signature of Referee: _____ Date: _____