

## Master of Arts in Theology

### PROFESSIONAL OR ACADEMIC REFERENCE

Please send all forms and requested items to:

Attn: Graduate Studies in Theology Concordia University 1530 Concordia West Irvine, CA 92612-3203

Phone and Fax: (949) 214-3389

#### Applicant:

6. Creativity

excellent

strong

Please enter your name and the date on the line below and provide this form to two people (not related to you, and not currently applying for the same program) for professional or academic reference **from the past 5 years.** Request that the form be sent to the address above.

Please print or type legibly. Note: This is not a confidentia	l document.						
plicant's Name				Date			
Famil	ly Name (Surname)		Giver	n Name			
ntended Program				Entry Term and Year			
To be completed by evaluator:							
Printed name of person completing this form			Sign	ature of person completin	g this form		
What is your relationship to the ca	andidate:						
How long have you known the car	ndidate:						
Contact address:							
Contact phone:				E-mail:			
Employer:				Your Title:			
Rate the candidate in each of the	following six areas b	y circling the best a	djective:				
1. Adaptability	excellent	strong	average	marginal	weak	not observed	
2. Communication Skills	excellent	strong	average	marginal	weak	not observed	
3. Writing Skills	excellent	strong	average	marginal	weak	not observed	
4. Dependability	excellent	strong	average	marginal	weak	not observed	
5. Initiative	excellent	strong	average	marginal	weak	not observed	

average

marginal

weak

not observed



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Please provide a narrative appraisal of the candidate's ability to complete a master's level program.
If this person were to apply for a job at your company, would you (re)hire them? Why or why not?

