

**MASTER OF ARTS (THEOLOGY & RELIGION)  
LETTER OF REFERENCE  
ATLANTIC SCHOOL OF THEOLOGY**

Applicant's Name: \_\_\_\_\_  
Last First

Referee's name: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

The Admissions Committee and the Academic Dean of Atlantic School of Theology would appreciate a confidential statement from you concerning the applicant named above, indicating how well you think this applicant would perform as a graduate student in this area. If you can compare this applicant with others known to you who have attended or are now applying for admission to this program, we would welcome such a comparison. Please indicate if, to your knowledge, there are any factors that might prevent this applicant from successfully completing graduate study. AST appreciates the assistance you provide by submitting your letter of reference for the applicant.

*All information you provide in this letter of reference will be treated confidentially.*

**Instructions:**

Please complete the following letter of reference form by hand or electronically (the form provided is a fillable PDF).

**Instructions to Complete the Letter of Reference as a fillable PDF:**

You will need the latest version of Adobe Reader - <http://get.adobe.com/reader/>. Before filling in any information you will need to save the letter of reference form (PDF format) to a location on your computer by right clicking and selecting "Save As". Once you have saved the letter of reference form to your computer as a PDF, you are ready to complete the letter. Complete the various sections by tabbing through the letter. After you have completed the letter, save a final version to your computer. **Submit your letter of reference directly to the Registrar** by email to [registrar@astheology.ns.ca](mailto:registrar@astheology.ns.ca) OR print and send by regular mail.

If sending by mail, please send it to the following.

**Registrar  
Atlantic School of Theology  
660 Francklyn Street  
Halifax NS B3H 3B5**

	Upper 2%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Overall Ability						
Scholarship						
Intelligence						
Ability to express self orally (English)						
Ability to express self in writing (English)						
Perseverance						
Emotional Maturity						
Resourcefulness						
Potential for a career in this area						

How long have or did you know this applicant? \_\_\_\_\_

In what capacity do you or did you know this applicant? \_\_\_\_\_

If you were responsible for the admission decision regarding this applicant, which of the following would best represent your action? (Check one, please.)

I would definitely accept the applicant with absolutely no reservations.

I would accept the applicant.

I would probably accept the applicant, but have some reservations.

I am uncertain what my action would be.

I would probably reject the applicant.

I would definitely reject the applicant.

Is there any other information you wish to share with AST that will assist in making an admission decision?

Date: \_\_\_\_\_

Signature: \_\_\_\_\_