

**BACHELOR OF THEOLOGY PROGRAM
LETTER OF REFERENCE
ATLANTIC SCHOOL OF THEOLOGY**



Applicant's Name: _____
Last First

Referee's name: _____

Position or Title: _____

Organization: _____

Email address: _____

Phone number: _____

The applicant has applied for admission to the Bachelor of Theology program at Atlantic School of Theology. The applicant has given your name as a reference. AST appreciates the assistance you provide our Admissions Committee by submitting your letter of reference for the applicant.

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

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 OR print and send by regular mail.

If sending by mail, place an original, signed paper copy of your letter of reference in an envelope addressed as follows:

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

1. In what capacity, and for how long, have you been acquainted with the applicant?

2. Please describe the applicant's research and writing abilities.

3. What qualities of mind, character, and leadership do you discern in the applicant?

4. Is the applicant dependable and faithful in carrying out responsibilities? Please provide an example.

5. In what areas does the applicant give evidence of a need for growth or development?

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

Date: _____

Signature: _____