



Concordia Lutheran Theological Seminary
470 Glenridge Ave, St. Catharines, Ontario L2T 4C3, Canada
(905) 688-2362 • fax: (905) 688-9744
www.brocku.ca/concordiaseminary • concordia@brocku.ca

PERSONAL REFERENCE

for a student applying to the pastoral programme at Concordia, to be completed by someone other than his home pastor (preferably a lay person).

STUDENT	
Name	Pastoral Programme <input type="radio"/> M.Div. <input type="radio"/> Diploma

1. How long have you known the applicant, and in what capacity?

2. Please rate the applicant in the following categories:

	Excellent	Good	Fair	Poor
Applicant's record of getting along with parents and other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's record of getting along with the young people in your congregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's record of getting along with people in school or community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's employment record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating of applicant's character when considered as a possible future pastor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please outline the church roles in which you have been able to observe the applicant.

4. Is there, to the best of your knowledge, any history of serious illness, either mental or physical, in the applicant's family? No Yes (please specify)

5. Please describe the gifts and abilities which you see in the applicant which suit him for the Pastoral Ministry.

6. Do you recommend this applicant for admission to the pastoral programme at CLTS?

without reservation with some reservation (please specify) no (please explain)

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Name of referee	
Address: Street	
Address: City	
Address: Province (state)	
Address: Postal Code (zip)	
Address: Country	
Phone Number	
Fax	
E-mail	
Signature	
Date	

To The Referee:

After completing, please place this reference form in a mailing envelope, and, to ensure confidentiality, seal and sign on the flap of the envelope. Please send this envelope to:

Director of Admissions
Concordia Lutheran Theological Seminary
470 Glenridge Ave
St. Catharines, ON L2T 4C3
Canada