



**COLLEGE OF THEOLOGICAL & INTERDISCIPLINARY STUDIES**

**Main Campus**  
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 8 Convent Avenue  
 May Pen, Clarendon  
 Telephone:8769951003

**Montego Bay Extension**  
 First Church of the OB  
 1 Dome Street/Water Lane  
 Montego Bay, St. James  
 Telephone: 8762935716

**REFERENCE FORM**

Applicant's Name: \_\_\_\_\_

Programme of Study \_\_\_\_\_

**APPLICANT'S REFEREE**

The above applicant has applied for admission to the stated programme of study at our institution. Before a decision about acceptance be made, we request letters of reference from individuals who can speak to the educational aptitude and professional growth of the applicant. Please take a moment to answer the questions below. All information given will be treated with confidence.

Reference Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization name & Address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ How well? \_\_\_\_\_

What is the nature of your relationship?  Pastor     Teacher     Employer     Colleague  
 Mentor     Other: \_\_\_\_\_

How would you assist the applicant in the following areas? Indicate with a tick (✓)

	Excellent	Good	Average	Weak	Not observed
<b>Personal Attributes</b>					
Intellectual ability					
Emotional Stability					
Humility					
Christian character					
Leadership					
Ability to work with others					
Teachability					

<b>Professional Attributes</b>					
Able to meet deadlines					
Trustworthy					
Responsible					
Ability to lead					
Ministry potential					

Do you have any reservation with regard to the applicant’s decision to pursue the selected programme of study?  Yes  No

If yes, comment below:

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Referee’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to the school or to the applicant in a sealed envelope with signature affixed on the sealed flap of the envelope**