



COLLEGE OF THEOLOGICAL & INTERDISCIPLINARY STUDIES

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 Montego Bay, St. James
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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 assess the applicant in the following areas? Indicate with a tick (✓)

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

Professional Attributes					
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:

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