

Faculty/Colleague Reference Form



Instructions to the Applicant

Please complete the following before distributing the form.

Applicant's name _____

Address _____

Date of birth _____

NOTE: The following references are not acceptable:

- References from neighbors, friends, relatives, personal therapists, or employees who report directly to the applicant
- References from those who have known the applicant less than 1 year

TO THE APPLICANT: I understand this evaluation is to be received and maintained in confidence by Hong Kong Liferoad Theological Seminary for admission and consideration for graduate status.

Signature

Date

Instructions to the Recommender

The applicant named above has applied for admission to Hong Kong Liferoad Theological Seminary and has requested that you provide a reference. We would be grateful if you would give your frank evaluation of the applicant by responding to the following questions. Each applicant is evaluated using several criteria, including Christian experience, personal character, academic record and potential, ministerial promise, and references.

Please email form to admissions@hklts.education or mail to: Hong Kong Liferoad Theological Seminary Admissions, Room 511, Citimark, 28 Yuen Shun Circuit, Siu Lek Yuen, Shatin, N.T., Hong Kong
Be sure to retain a copy for yourself. If mailing this form, please be sure to sign and seal the flap of the envelope.

To Be Completed by the Recommender

Relationship to the Applicant

How long have you known the applicant? (Years, months) _____

How well do you know the applicant? Casually Well Very Well

Are you related to the applicant personally? Yes No

Assessment of Applicant's Abilities

How would you rate this individual compared to others who have applied to our school?

Top 10% Top 20% Top 30% Top 40% Top 50% Below 50% Can't assess

Is the applicant's scholastic record, as you know it, an accurate reflection of the quality and range of his/her skills and competencies?

Yes No If you choose "No," please attach an explanatory statement.

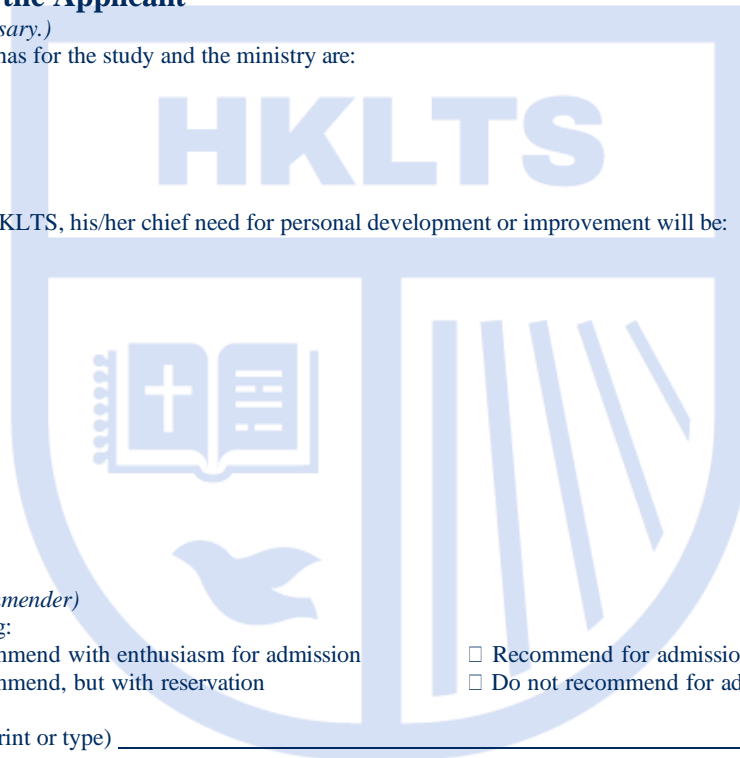
Please check the following descriptions that apply to the candidate:

	<i>Below average</i>	<i>Average</i>	<i>Above average</i>	<i>Unknown</i>
Social appropriateness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Evaluation of the Applicant

(Attach additional pages if necessary.)

The special assets this applicant has for the study and the ministry are:



If this candidate is admitted to HKLTS, his/her chief need for personal development or improvement will be:

Additional comments:

Recommendation

(Must be completed by the recommender)

Please check one of the following:

- Recommend with enthusiasm for admission
- Recommend, but with reservation
- Recommend for admission
- Do not recommend for admission

Name of recommender (please print or type) _____

Position or job title _____

Name of church, organization, business, or institution _____

Address _____

Office phone _____ Home/Mobile _____

E-mail _____

Signature

Date