



加拿大華人神學院

Canadian Chinese School of Theology

Please indicate the program & Major, if applicable, you apply for.

宗教教育學士課程 Bachelor of Religious Education (BRE)
 神學研究碩士課程 Master of Theological Studies (MTS)
 道學碩士課程 Master of Divinity (MDiv) Pastoral Ministry Major
 Global Mission Major

Reference Letter

Please indicate (must choose one)

<input type="checkbox"/> 牧者推薦 Pastoral Reference	<input type="checkbox"/> 學業推薦 Academic Reference	<input type="checkbox"/> 僱主推薦 Employment Reference
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Name of Applicant 申請人 (please PRINT): _____ Date: _____

Address: _____

Email: _____ Phone: _____

Instructions

Applicant: The **Pastoral Reference** must be completed by a pastor or church leader. The **Academic/Employer Reference** must be completed by a person in related to the applicant in area of academic or employment. Please print your name on the line above and give this reference form to your referee (E-copy is available upon request). Make extra copies as required. The **referee** should return the reference form **directly to CCST (Toronto)**.

Referee: Please answer the following questions and check the personal knowledge matrix on the reverse to the best of your knowledge. The information that you give will be held in strict confidence. When completed, **return it directly to us**.

- Via Email to ccsttoronto@tyndale.ca or admissions@tyndale.ca
- By Fax to 416-218-6730 (Admissions Office)
- By post to Admissions Office – CCST (Toronto), Tyndale University College & Seminary, 3377 Bayview Avenue, Toronto, ON M2M 3S4 Canada
- Phone inquiry, please call at 416-226-6620 x 2181

Thank you for participating in the admission procedures of CCST (Toronto).

About the Applicant

How long have you known the applicant? Years: _____ Months: _____

How well do you know him/her? By name & sight _____ Casually _____ Fairly well _____ Very well _____

In what capacity? _____

Do you consider the applicant to be a good candidate as a student at CCST (Toronto)? (Please explain)

About the Referee

Name of Referee 推薦人 (please PRINT): _____ Date: _____

Church/Organization Name: _____

Address: _____ Position/Title: _____

Phone: _____ Email: _____ Signature: _____

Personal Knowledge Matrix

Please rate the applicant by marking the appropriate box under the headings below. To best assist the admissions committee, please provide a brief comment or example to supplement or interpret your rating of the applicant. **Additional comments, on a separate sheet,** on the applicant's ministry skills or characters, which you have observed would be appreciated.

Ministry skills, for example, Worship, Counselling, Teaching/Preaching, Administration, Evangelism, Cross-cultural Ministry and Others.

Characteristic /Quality		Excellent, Outstanding, Strong	Good, Above Average	Average	Below Average, Weak	Unable to Observe, Tell
Spiritual life and testimony						
	<i>Comments:</i>					
Leadership ability or potential						
	<i>Comments:</i>					
Positive influence on others						
	<i>Comments:</i>					
Purposefulness						
	<i>Comments:</i>					
Initiative						
	<i>Comments:</i>					
Interpersonal skills						
	<i>Comments:</i>					
Sense of responsibility						
	<i>Comments:</i>					
Maturity and emotional stability						
	<i>Comments:</i>					
Level of intellectual curiosity						
	<i>Comments:</i>					
Ability to express self in writing						
	<i>Comments:</i>					
Ability to express self orally						
	<i>Comments:</i>					
Imagination and creativity						
	<i>Comments:</i>					
Integrity						
	<i>Comments:</i>					
Critical thinking, problem solving skills						
	<i>Comments:</i>					
Anticipated achievement in ministry						
	<i>Comments:</i>					
Recommendation for studies		I recommend	I recommend with reservation	I do not recommend		