



APPLICANT REFERENCE

To be completed by Applicant:

Name: _____ Phone: _____

This reference form is confidential and will be seen only by the Director of Admissions and the President of Maritime Christian College.

To be completed by Reference:

The person above has applied for admission to Maritime Christian College and has submitted your name as a reference.

How long have you known the applicant? _____

What is your relationship with the applicant? _____

My last contact with the applicant was: within the last month 1-6 months ago
 7-12 months ago 1-2 years ago

| Please check the appropriate box: | Excellent | Good | Average | Poor | Unknown |
|--|-----------|------|---------|------|---------|
| Christian Example | | | | | |
| Character | | | | | |
| Judgment | | | | | |
| Maturity | | | | | |
| Motivation | | | | | |
| Personality | | | | | |

Check one: I recommend this applicant without reservation.
 I recommend this applicant with reservations. (Comment below.)
 I do not know this applicant well enough or have sufficient information to give a reference.
 I do not recommend this applicant. (Comment below.)

Comments or Explanations:

Signature: _____ Date: _____

Position/Title: _____ Phone: _____

Mail to: Admissions Office, Maritime Christian College, 503 University Ave., Charlottetown, PE C1A 7Z4