



APPLICANT REFERENCE – MASTER’S

Applicant Name: _____ Phone: _____

This reference form is confidential and will be seen only by the Admissions Department 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 more than 1 year ago

Please check the appropriate box:	Excellent	Good	Average	Poor	Unknown
Christian Character					
Intellectual Ability					
Ability to Reason					
Maturity					
Motivation/Initiative					
Ability to work with others					
Potential as a degree candidate					
Potential as practicing professional in the intended field.					

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

Please use this space to provide further comments or explanations:

Reference Name (please print) _____

Position/Title: _____ Phone: _____

Signature: _____ Date: _____

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

Email to: admissions@mccpei.com

Fax to: 902-892-3959