

1 To Be Completed By Applicant

Applicant: Complete Part 1 and then give this form to a close friend who will then complete Part 2. The friend reference should then mail this form directly to the Mount Carmel Registrar.

Applicant's Name

Surname
First Name and Middle Initial

I hereby voluntarily waive my right of access to any information contained in this Reference Form and agree that the statements shall remain confidential.

Applicant's Signature _____ Date _____

2 To Be Completed By Friend

The applicant named above has applied for admission to Mount Carmel and we would like you to provide us with a reference. We would be grateful if you could return the completed form as soon as possible. Please be open and honest as that will help us in making a proper decision regarding admission. All information is held in confidence by the admissions committee. If more space is needed, please use additional sheets of paper.

Please mail directly to the Mount Carmel Registrar.

Background

How long and in what context have you known the applicant?

Why do you value knowing this person?

Social Setting

Please describe the applicant's social life.

How does this person contribute in a group setting?
(i.e.. Is s/he a leader, good follower, cooperative etc?)

Please describe the applicant's school life.

How well does this person relate to people in authority?

Describe the applicant's family dynamics and background.

What does this person do for fun or recreation?

Future Direction

If you are able, describe the applicant's future goals or life direction.

Spiritual Background

Who has been influential in this person's spiritual life?

Describe where this person is at in their spiritual journey.
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What are his or her strengths? Please explain.
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Do you know of any weaknesses for this person? Please explain.
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Additional Comments

Do you have any further comments which would help us evaluate this person's application?
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3 Friend

Name	
Number / Street	
Town / City	Province / State
Postal Code	Country

Church	
Phone	Work Phone
Fax	
Email Address (only if checked regularly)	

Please Choose

<input type="checkbox"/>	I do recommend the applicant to Mount Carmel.
<input type="checkbox"/>	I would prefer not to recommend the applicant.

Reference Signature	Date
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Please mail completed form directly to

The Registrar
 Mount Carmel Bible School
 4725 - 106 Avenue
 Edmonton AB Canada
 T6A 1E7