

*TRINITY COLLEGE*

*Faculty of Divinity*

LETTER OF REFERENCE

A student desiring to enter the Faculty of Divinity should send one copy of this form to each of the persons named as referees on his or her Application Form, with the request that it be completed and returned to the Dean of Divinity, Trinity College, 6 Hoskin Ave., Toronto, Ontario M5S 1H8, *Attn: Administrative Assistant* as soon as possible. Applicant should fill in his/her own name and address and that of the person from whom s/he is seeking a letter of reference.

Name and Address of Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Reference \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-named student is applying for admission to the Faculty of Divinity at Trinity College. The Committee on Admissions would be grateful for your judgment of this applicant. Your reply will be treated in confidence. Please be as specific as you can in furnishing information which might be of value to the Committee.

1. How long, and under what circumstances have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. What special aptitudes do you consider the applicant to have?

3. In what special areas do you consider the applicant has most need of help, or of opportunity for development.
4. How would you estimate the applicant's abilities under each of the following headings:
- a) Education and intellectual ability.
  - b) Participation in the life of the Christian community.
  - c) Ability to co-operate with others within the Church and outside it.
  - d) Leadership.
5. Please add any further comments that you think might be helpful.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Please send this form, when completed, to the Dean of Divinity, Trinity College, 6 Hoskin Avenue, Toronto, Ontario, M5S 1H8, ***Attn: Administrative Assistant*** or as an e-mail attachment to [divinity@trinity.utoronto.ca](mailto:divinity@trinity.utoronto.ca)