



ST CYRIL'S COPTIC ORTHODOX THEOLOGICAL COLLEGE  
*Diocese of Sydney & Affiliated Regions*

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**REQUEST FOR LETTER OF REFERENCE/RECOMMENDATION**

**Section I, to be completed by the applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree Applied For: \_\_\_\_\_

**Section II, to be completed by the reference (usually by a Parish Priest):**

The person whose name is listed above is applying for admission to St Cyril's Coptic Orthodox Theological College into the above mentioned degree. Should you require further information please contact our Registrar or Dean.

Please complete the following summary evaluation:

*How would you summarise your recommendation of this applicant (please choose one response):*

- Not recommended     Recommended with reservations     Recommended
- A member of the Admissions Committee may call me for further information

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_