

**REFEREE'S INFORMATION**

First / Given

Last / Surname

Institutional Affiliation

Years Known Applicant

**CONTACT INFORMATION (please give complete address including zip or postal code)**

Street Address

City

State

Zip/Postal Code

Country

Preferred Phone Number

Fax Number

Email Address

\_\_\_\_\_ has applied for a period of residency at the Center of Theological Inquiry to pursue the research described in his/her research proposal. He/she has suggested me as one qualified to evaluate his/her proposal and suitability for participation in the Center's unique interdisciplinary conversation.



**NOTE TO REFEREE** The Center of Theological Inquiry is designed to be an environment most conducive to fostering fresh thinking. Each year, we convene a community of advanced scholars in theology and other fields. We ask you to comment on how this applicant's research proposal is significant both for his/her specific field and for the distinctive interdisciplinary conversation on theological questions at the Center. We deeply appreciate the wisdom of your critical judgment. To learn more about our work, please visit our website at <http://www.ctinquiry.org>.

**Please limit your letter to two double-spaced pages and submit it no later than November 15, 2010.**

You may submit your reference via post, fax or e-mail to:

Director of Research  
The Center of Theological Inquiry  
50 Stockton St.  
Princeton, N.J. 08540  
Fax: 609-683-4030  
[apply@ctinquiry.org](mailto:apply@ctinquiry.org)