



Please return to:  
The Office of Admissions of your local center

**ACADEMIC REFERENCE FORM**

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Note: Please give this to teacher/professor who knows you or whose class challenged and stimulated you to succeed academically. *This is to be filled out by someone who is not a member of your immediate family.*

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

1. \_\_\_\_ I waive my right to examine this form. \_\_\_\_\_  
Applicant's Signature/ Date

2. \_\_\_\_ I do not waive my right to examine this form. \_\_\_\_\_  
Applicant's Signature/ Date

The applicant has given your name as a reference. Please give us your considered evaluation. Use the back if more room is desired.

1. How long have you know the applicant? \_\_\_\_\_

2. In what capacity have you know the applicant? \_\_\_\_\_

3. What is your perception of the applicant's commitment to Christ and to Christian living? \_\_\_\_\_  
\_\_\_\_\_

4. Does the applicant have a clear sense of direction in pursuit of goals? \_\_\_\_\_

5. Does the applicant approach problems in a constructive manner? \_\_\_\_\_

6. Does the applicant accept well-meant criticism and use it constructively? \_\_\_\_\_

7. Does the applicant show mature responsibility in money matters? \_\_\_\_\_

8. Does the applicant interact graciously with people of opposing views? \_\_\_\_\_

9. Does the applicant represent himself or herself honestly? \_\_\_\_\_

10. What are the applicant's strength and special abilities? \_\_\_\_\_

11. What is your overall evaluation of the applicant? \_\_\_\_\_

Your name \_\_\_\_\_ Church or Ministry \_\_\_\_\_

Your address \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_