Minister Reference Form

Part I
To the Applicant: Complete Part I of this Reference Form and then give it to your minister for completion. If your minister is your employer or supervisor, please ask another minister who knows you to complete the reference. After completing this form, your minister should mail it directly to the T. Walter Brashier Graduate School of North Greenville University in a pre-addressed envelope provided by you.

Name of Applicant _______________________________________________________________________________________________________

Address __________________________________________________________________________________________________________________________________________________________

City __________________________________________________________________ State __________________ Zip_______________________

Program of Interest _______________________________________________________________________________________________________

Notice: PUBLIC LAW 93-380, the Family Education Rights and Privacy Act of 1974, grants all students the right to inspect and review all of their official records. This right extends to letters of recommendation, except that a student may waive this right to inspect and review letters of recommendation by signing a waiver.

I waive my right to review this reference form
Signature of Applicant __________________________________________________________________________ Date ______________________

I do not waive my right to review this reference form
Signature of Applicant __________________________________________________________________________ Date ______________________

Failure to sign either of the above indicates the applicant has not waived the right to review this reference form.

Part II
To The Minister: The person named above has applied for admission to T. Walter Brashier Graduate School of North Greenville University, giving your name as a reference to evaluate his or her academic potential. Please complete Parts II and III of this form and then mail it directly to the Graduate School Office in the pre-addressed envelope provided by the applicant. The Graduate School appreciates your candid evaluation of this applicant. Thank you for taking the time to assist in the application process.

How long have you known the applicant? ______________________________________________________________________________________

How well do you know the applicant? _________________________________________________________________________________________

Please rate the applicant in each of the following areas by circling the appropriate answer:

(1=Unsatisfactory 2=Below average 3=Average 4=Above average 5=Exceptional N=No basis for judgment)

1. Intellect 1 2 3 4 5 N
2. Motivation / Initiative 1 2 3 4 5 N
3. Aptitude for problem solving 1 2 3 4 5 N
4. Leadership Ability 1 2 3 4 5 N
5. Cooperativeness 1 2 3 4 5 N
6. Creativity 1 2 3 4 5 N
7. Maturity 1 2 3 4 5 N
8. Interpersonal / Social Skills 1 2 3 4 5 N
9. Self-esteem 1 2 3 4 5 N
10. Emotional Stability 1 2 3 4 5 N
11. Verbal Communication Skills 1 2 3 4 5 N
12. Written Communication Skills 1 2 3 4 5 N
13. Career Potential 1 2 3 4 5 N
Part III
Use the space below to elaborate upon any of the information provided in Part II and to provide any additional information that may be helpful in evaluating the qualifications of the candidate.

Reference’s Official Recommendation—Please check one:

• Strongly recommend applicant for admission ______

• Recommend applicant for admission ______

• Recommend applicant for admission with the following provision ________________________________________________________________
  ______________________________________________________________________________________________________________________

• Do not recommend applicant for admission ______

Print Name and Title _______________________________________________________________________________________________________

Signature _______________________________________________________________________________________________________________

Date ______________________ Organization / Institution ______________________________________________________________

Phone (________) ___________________________

Address ___________________________________________________________________________________________________________________

City __________________________________________ State ____________________ Zip___________________________