

Eastern's School of Christian Ministry
 588 North Gulph Road, King of Prussia, PA 19406
 (Office) 484-384-2970 (fax) 610-649-3834
 escm@eastern.edu

Reference Form

Applicant's Name _____ Today's Date _____

Authorization of waiver - to be signed by the applicant and submitted to the person providing recommendation after reading and checking the appropriate statement. If this form is not signed, student waives right to review this reference.

I understand my right, under the U.S. Family Education Rights and Privacy Act of 1974, to review confidential references placed in my file after January 1, 1975, as submitted to admission to a graduate or other school. As required by Federal law, I am checking one of the two boxes below.

- I waive my right** to review this reference if placed in my file.
- I do not waive my right** to review this reference if placed in my file.

Signature _____

Reference's Name _____

Address _____

Relationship to Applicant _____ Telephone () _____

How long have you known the applicant?

- ≤1 Year 2 Years 3 Years 4 Years ≥ 5 Years

Please evaluate the applicant in the following areas with 5 equaling Outstanding, 3 being Average, and 1 being Poor. Please include comments for any Below Average or Poor responses on the back of this form.

	OUTSTANDING		AVERAGE		POOR	
	5	4	3	2	1	No Information
Character (moral and spiritual integrity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to church-related vocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Do you know of any physical, mental or emotional problems that might hinder effective work in Christian ministry?
 Yes No If yes, please elaborate.

Do you know of any physical, mental, or emotional problems that might hinder the applicant's academic progress?
 Yes No If yes, please elaborate.

Do you know of any personal habits (sexual behavior, drug/alcohol abuse, etc.) or personal prejudices which hamper service in a church-related position?
 Yes No If yes, please elaborate.

Would you recommend this person for a church related position upon completion of seminary training?
 Yes No If no, please elaborate.

Do you recommend this person for admission to Eastern's School of Christian Ministry (ESCM)?
 With confidence With some reservation With reluctance Not at all

What characteristics do you consider to be the greatest strengths of the applicant?

What characteristics do you consider to be the greatest weaknesses of the applicant?

Additional Comments

SIGNATURE

DATE

Thank you for your thoughtful responses. Please return this form to:

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KING OF PRUSSIA, PA 19406

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