



Seminary Reference Form

Applicant's Name _____

Evaluator's Name and Title or Position _____

Student's waiver of right to inspect and review educational records:

I, _____, with full knowledge of my rights to inspect and review my educational records in accordance with State and Federal laws, especially Sect. 438 of the General Education Provisions Act, Title IV of Public Law 93-247, as amended, do hereby waive, relinquish, and disclaim all my rights to inspect and review this statement of qualifications. I authorize and extend this waiver to the author of this reference, and the Graduate Staff and Faculty of Graceland University. Further, I direct that this statement may be used for the purpose for which it is especially intended.

Applicant's Signature

Date

To the Respondent: The above applicant to the Master of Arts in Religion Program has selected you as a reference. Please complete this form and mail it to the Community of Christ Seminary (the above address) or email it to seminary@graceland.edu

DIRECTIONS: Circle the number (1-5) for each item that best reflects your assessment of the applicant.

Characteristics	Outstanding	Above Average	Satisfactory	Marginal	Unable to Comment
1. Promise as a graduate student	5	4	3	2	1
2. Creativity	5	4	3	2	1
3. Intelligence	5	4	3	2	1
4. Initiative and motivation	5	4	3	2	1
5. Maturity	5	4	3	2	1
6. Ability to do independent work	5	4	3	2	1
8. Oral communication skills	5	4	3	2	1
9. Clarity of career goals	5	4	3	2	1
10. Ability to profit from suggestions and constructive criticism	5	4	3	2	1

Length of time you have known applicant and in what capacity: _____

List Major Strengths:	List Major Limitations:
1	1
2	2
3	3