

MINTS INTERNATIONAL SEMINARY



ACADEMIC REFERENCE FORM

Please return to:
Your Local Study Center
Alliance Theological Seminary

RECOMMENDATION ON BEHALF OF:

Name of Applicant: _____

Because of federal legislation giving students access to educational records, the MINTS International Seminary cannot guarantee the confidentiality of your statement.

1. Knowledge of the Applicant

Approximately how long have you known the applicant? _____ Years

How well do you feel you know the applicant? Casually Well Very Well

What was the nature of your contacts with the applicant? Teacher in One Class Teacher in More Than One Class
Employer Research Advisor Major Advisor Other (specify)

2. Relative Rating of the Applicant. Please rate the applicant in the areas indicated below by comparing him or her to the reference group you specify (college seniors, graduate students in past 10 years, employees, etc.).

Rate applicant: 1 being low, and 10, high:

1-10

Ability to grasp new concepts	
Written expression	
Oral expression	
Perseverance toward goals	
Potential as a teacher (if applicable)	
Ability to get along with others	

3. Do you have any information related to character and temperament or to any impairment that should be considered by an admissions committee or should be taken into account in planning the student’s educational work? Write comments on the back or separate page.

4. Please express your views on any of the items 1-3 and on any other relevant abilities about which you have knowledge (e.g., ability to organize and express ideas clearly, orally and in writing; accomplishments in life or spiritual acumen). Write comments on the back or separate page.

5. Do you recommend this candidate – (Circle one)

Enthusiastically Confidently Recommend with Reservations Not Recommended

6. Your Information

Your Name: _____ Title _____

Organization or School _____

Address _____

Date _____

Please attach the form with your registration.