REFERENCE EVALUATION

Instructions to the Applicant: Please complete the following before distributing the Reference Evaluation form. As a courtesy, send a stamped return envelope along with the form.

Applicant: ________________________________________________________________

Reference to be provided by: ____________________________________________

☐ Denominational Supervisor  ☐ Ministry Colleague  ☐ Personal Reference

Confidentiality:
Under the provisions of the Family Educational Rights and Privacy Act of 1974, registered students and alumni have access to their educational records, including letters of recommendation for admission. The Act further provides that applicants may waive that right in order to offer confidentiality to those making a recommendation. Please indicate your decision in this matter and sign.

PLEASE SEND THIS FORM DIRECTLY TO THE INSTITUTIONAL ADDRESS ABOVE IF WAIVER IS CHECKED

☐ I waive the right to view this reference form  ☐ I do not waive the right to view this reference form

_________________________________________________________ _________________________
Student Signature        Date

The signing of this waiver is voluntary and not required as a condition for admission.
It is a matter between the applicant and the person providing the reference.

Instructions for completion of this Reference Evaluation: The student named above has applied for admission to Houston Graduate School of Theology and has requested that you give an evaluation. We would be grateful if you would give your frank evaluation of the applicant by responding to the questions on the reverse side of this form. Houston Graduate School of Theology is a graduate/professional school that strives to equip men and women for various forms of Christian ministry. Each applicant is evaluated from several perspectives before a final admission decision is made. Among the indices evaluated are Christian experience, personal character, academic potential, and ministerial promise.

(please complete page 2)
Assessment of Applicant’s Abilities

• How long and in what context have you known the applicant?

• Please rate the applicant to the best of your ability:

<table>
<thead>
<tr>
<th>Inadequate</th>
<th>Doubtful</th>
<th>Adequate</th>
<th>Above Average</th>
<th>Exceptional</th>
<th>Unknown</th>
</tr>
</thead>
</table>
  Academic Ability | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Clarity of Purpose | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Creative Instinct | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Critical Faculty | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Emotional Stability | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Faith Commitment | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Gifts for Ministry | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Initiative | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Leadership Ability | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |
  Level of Maturity | ☐        | ☐        | ☑        | ☐             | ☐           | ☐       |

• Among others with similar skills whom you have known, how would you rank this applicant?

  ☐ Upper 10%  ☐ Upper 25%  ☐ Upper 50%  ☐ Lower 50%

• Applicant's chief need for personal development or improvement (attach extra sheet, if necessary).

• Applicant's special assets for graduate study and the ministry (attach extra sheet, if necessary).

• Please check the option below that best represents your recommendation:

  ☐ Recommend with enthusiasm for admission  ☐ Recommend with reservation (you may comment below)
  ☐ Recommend for admission  ☐ Do not recommend for admission (you may comment below)

• Further comments (attach extra sheet, if necessary):

Thank you for taking the time to provide a reference for this prospective student. Please complete the information below.

Name_____________________________________________________________________________________

Position/Title__________________________________________Church/Institution_________________________

Street Address_____________________________________________City, ST Zip_________________________

Telephone_______________________________________Email_______________________________________

Signed__________________________________________________________ Date_______________________