



**PO Box 7148 • Greensboro • North Carolina • 27417**

## Reference Form

### *Instructions to the Applicant*

Please complete this section before giving the form to your reference. Be sure to include a stamped envelope addressed to the Admissions Office at the address above.

Mr. Mrs. Ms. \_\_\_\_\_  
Last Name
First
Middle

\_\_\_\_\_  
Street Address
Mailing Address (if different)

\_\_\_\_\_  
City
State
Zip Code

Name of Reference \_\_\_\_\_ Type :  Pastoral/Denominational  Professional  
 Academic  Personal Friend

**Notice:** The Family Education Rights and Privacy Act of 1974 gives the student the right to inspect and review all of his/her official educational records.

**Waiver:** I, the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-930 to inspect or challenge the content and comments expressed in this Reference Form. I expect that the observations shall remain confidential between the writer and the person or organization to whom my file may be addressed. *Signature of waiver is voluntary and not required as a condition of admission.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *Instructions to the Reference*

The person named above has applied for admission to Carolina Evangelical Divinity School and has requested that you give an evaluation. Please give a frank evaluation by responding to the questions below. **CEDS** is a professional graduate school dedicated to preparing men and women to various forms of Christian Ministry. Please mail this form in the supplied envelope to the **CEDS** Admissions Office. If the waiver above has been signed, this reference will be kept in strictest confidence. Please rate the applicant on a 1 to 5 scale with 1 being weak or inadequate and 5 being outstanding. Mark N/A if you have not been in a position to observe this trait.

|                        |               |                         |               |
|------------------------|---------------|-------------------------|---------------|
| Social Appropriateness | N/A 1 2 3 4 5 | Potential               | N/A 1 2 3 4 5 |
| Emotional Stability    | N/A 1 2 3 4 5 | Personal Demeanor       | N/A 1 2 3 4 5 |
| Leadership Qualities   | N/A 1 2 3 4 5 | Poise                   | N/A 1 2 3 4 5 |
| Responsibility         | N/A 1 2 3 4 5 | Initiative              | N/A 1 2 3 4 5 |
| Cooperation            | N/A 1 2 3 4 5 | Academic Ranking        | N/A 1 2 3 4 5 |
| Teamwork               | N/A 1 2 3 4 5 | Creative Instinct       | N/A 1 2 3 4 5 |
| Communication          | N/A 1 2 3 4 5 | Critical Faculty        | N/A 1 2 3 4 5 |
| Personal Maturity      | N/A 1 2 3 4 5 | Spiritual Maturity      | N/A 1 2 3 4 5 |
| Articulate Ability     | N/A 1 2 3 4 5 | Church Involvement      | N/A 1 2 3 4 5 |
| Professional Ability   | N/A 1 2 3 4 5 | Para-church Involvement | N/A 1 2 3 4 5 |

How long have you known the applicant? \_\_\_\_\_ (years) In what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this applicant is admitted to a degree program at Carolina Evangelical Divinity School, his/her chief needs for personal and professional development will be:

Please check one of the following:

|  |   |
|--|---|
| <input type="checkbox"/> Recommend with Enthusiasm | <input type="checkbox"/> Recommend with Reservation (comment below) |
| <input type="checkbox"/> Recommend for Admission   | <input type="checkbox"/> Do Not Recommend Admission (comment below) |

Further comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Reference (please print or type) \_\_\_\_\_

Position or Title \_\_\_\_\_

Name of Institution (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Carolina Evangelical Divinity School complies with applicable laws regarding non-discrimination based on factors such as race, sex, national origin, age, or disability in its educational and employment policies.***