

PROFESSIONAL REFERENCE



200 Seminary Drive · Winona Lake, IN 46590 · Telephone: 574-372-5100
Toll-Free: 1-877-607-0012 · E-mail: mac@grace.edu · Web: www.grace.edu/gradcounseling

GRADUATE COUNSELING

to be completed by applicant

(please print)

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ ZIP _____

I willingly waive any right of access to see the completed recommendation, knowing that this waiver is not required as a condition for admission.

Signature _____ Date _____

To the Applicant: Please give this form to the reference, who will return it directly to Director of Graduate and Adult Education Enrollment.

NOTE: Your application will not be evaluated until this reference is received.

to be completed by reference person (not a family member)

(please print)

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ ZIP _____

Title/Position _____

Church _____ Telephone _____

Please indicate your association or contact with the applicant (check all that apply):

- I have known the applicant for _____ years.

please indicate your perception of the applicant

This information is treated confidentially and is used in evaluating the applicant. We value your comments and ask that you give a full and candid report so that fair consideration may be given to the applicant.

Interpersonal Relationships

Relates with others in a meaningful way

Poor Average Good Superior Not Sure Not Applicable

Demonstrates a teachable spirit or attitude

Demonstrates genuine concern for others

Initiative

Recognizes and accomplishes necessary tasks

Demonstrates initiative

General Impressions

Well accepted by associates

Possesses a wholesome attitude toward others

Displays common sense

Displays emotional stability

please indicate your perception of the applicant (continued)

Skill in Communication

Interprets accurately and effectively the ideas of others

Personal and Intellectual Integrity

Accurately appraises strengths and weaknesses

Pursues goals ethically and conscientiously

Displays moral integrity

Demonstrates reliability

Spiritual Walk (Spiritual Life Reference)

Displays spiritual maturity and growth

Attends church consistently

Are you aware of any concerns that would prevent the applicant from being successful in this program?

Please mark the term that best describes your expectations for success of this applicant in the Grace Graduate Department of Counseling:

I recommend this applicant for graduate studies in the Grace Graduate Department of Counseling:

- Enthusiastically Strongly With average expectations With reservation Not recommended
 I prefer to discuss this further. Please call me at this telephone number during the daytime: _____

Signature _____ Date _____

Thank you for taking the time to complete this recommendation form. Please mail or fax this completed form to:

ATTN: Graduate & Adult Enrollment
200 Seminary Drive • Winona Lake, Indiana 46590 • Fax 574.372.5120

