



COMMUNITY OF CHRIST SEMINARY

Master of Arts in Christian Ministries or Religion 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 Christian Ministries or Religion Program has selected you as a reference. Please complete this form and mail it to the Community of Christ Seminary, Graceland University, 1401 W. Truman Road, Independence, MO 64050

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
7. Ability to do independent work	5	4	3	2	1
8. Ability to meet deadlines	5	4	3	2	1
9. Oral communication skills	5	4	3	2	1
10. Clarity of career goals	5	4	3	2	1
11. Ability to profit from suggestions and constructive criticism	5	4	3	2	1

Length of time you have known applicant: _____

Under what circumstance: _____

List major strengths:

1. _____
2. _____
3. _____

List major limitations:

1. _____
2. _____
3. _____

Additional Comments: (feel free to use other side of form)

Signature

Date