## **REFERENCE FORM (APPLICATION PROCESS)**

# Graduate Programs in Christian Studies



MO.

DAY

YEAR

### To the Applicant:

Please complete the following before distributing the form.

Name of applicant:			
	AST	FIRST	MIDDLE
Birthdate: / / / MO. DAY YEAR NOTE: This form is to be filled out by some			Degree: MAYM MATM
Name of reference:			
Pastoral reference Academic re	eference Ministry res	èrence	
University for admission and considerevaluation under the Family Education	leration for graduate st on Rights and Privacy o include, but are not lin	atus. I hereby waive a Acts of 1974 and any/or nited to, the right to inspe	naintained in confidence by Howard Payne ny and all rights I have of access to this all other laws, regulations and policies. I ect and review the letter; the right to have a c.
I agree to waive access to this stateme	ent. I do not agree to wa	ive access to this stateme	nt.
Signature of applicant:			Birthdate:

Please mail or give this form to your recommender along with a stamped, addressed envelope.

#### Instructions to the Recommender

The student named above has applied for admission to the Graduate Programs in the School of Christian Studies at Howard Payne University 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 listed below.

Howard Payne University was founded in 1889 for the purpose of educating and training men and women who feel called to vocational Christian ministry. Each applicant is evaluated from several perspectives before final admission is granted. Among the criteria which are evaluated are Christian experience, personal character, previous record, academic potential and ministerial promise.

Mail or deliver this completed form in the envelope provided. We ask that you notify the applicant after you have returned this form to us. To avoid delays in processing the application, please promptly respond and mail the form to:

Gradate Programs, School of Christian Studies · Howard Payne University · 1000 Fisk Street · Brownwood, TX 76801

#### Assessment of Applicant's Abilities

Please check which of the following descriptions apply to the candidate. Check "Unknown" if you are unable to judge.

	Inadequate	Adequate	Strong	Outstanding	Unknown
Leadership Qualities					
Responsibility					
Cooperation/Teamwork					
Written Communication					
Personal Maturity					
Personal Demeanor					
Social Appropriateness					
Emotional Stability					

	Inadequate	Adequate	Strong	Outstanding	Unknown
Articulateness					
<b>Professional Ministerial Ability</b>					
Potential					
Initiative					
Academic Ability					
Creative Instinct					
Critical Thinking Skills					
Spiritual Maturity					
Church Involvement					
Personal integrity					

If there is any aspect of the candidate's qualifications that you would like to highlight, or if you would like to express a concern to our admissions committee, please enclose this on a separate sheet and return with this form.

#### Personal Evaluation of the Applicant

1.	How long have you known the applicant?
2.	In what capacity?
	How would you rate this applicant's potential success in Christian ministry? Exceptionally good Very good Good Fair Poor

4. If this candidate is admitted to Howard Payne University, his/her chief need(s) for personal development or improvement will be:

5. What are the student's gifts/talents/competencies for graduate study and ministry?

As representatives of Jesus Christ, students are responsible to demonstrate a lifestyle consistent with His character and are expected to be men and women of high moral character and whose sexual conduct is consistent with the standards of Scripture. This includes abstaining from any pattern of addiction and from homosexual, premarital, and extramarital sexual conduct.

Do you believe the applicant is living by the standards of cor	nduct as stated above? 🔲 Yes 🛛 No
If not, please explain:	
Recommendation	
Please check one of the following: Recommend with en	
Name of recommender (please print or type):	servation Do not recommend for admission
Position or title:	Name of institution (if applicable):
Address: City:	State: Zip:
Phone: Office ( ) Cell: ( )	
Signature:	Date: ////YEAR