PART I

TO THE APPLICANT: Please complete Part I, then have your pastor complete Parts II and III. This reference must be completed by a person outside your family. Please provide a stamped envelope addressed to the Office of Admissions for the person completing this form.

Name of Applicant:______________________________________________________________________________________________________________________

Street: ___________________________ City: ___________________________

State: ___________________________ Zip Code: ___________________________ Phone: (________ )

Program of Interest:______________________________________________________________________________________________________________________

NOTICE: PUBLIC LAW 93-380, the Family Education Rights and Privacy Act of 1974, grants all students the right to inspect and review all of their official records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

☐ I waive my right to review this reference form. ☐ I do not waive my right to review this reference form.

Signature of Applicant:_________________________________________________________________________ Date: ___________________________

No signature above indicates the applicant has not waived his/her right to review this reference form.

PART II

TO THE PASTOR: The person named above has applied for admission to one of the Graduate Programs of Cairn University and has given your name as a reference. Please complete Parts II and III of this form and mail it in the pre-addressed envelope provided by the applicant. Your candid evaluation of the applicant is appreciated. Thank you for taking the time to assist in the application process.

How long have you known the applicant?_________________________________________________________________________________________

How well do you know the applicant?_________________________________________________________________________________________

Please give an evaluation of the applicant in each of the following areas by checking the appropriate box:

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<th>UNSATISFACTORY</th>
<th>BELOW AVERAGE</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
<th>EXCEPTIONAL</th>
<th>NO BASIS FOR JUDGEMENT</th>
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PART III

Please use the space below to provide information on the applicant’s spiritual maturity that may be helpful in evaluating the qualifications of the applicant.

_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
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_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

REFERENCE'S OFFICIAL RECOMMENDATION

☐ I strongly recommend the applicant for admission.

☐ I recommend the applicant for admission.

☐ I do not recommend the applicant for admission.

☐ I recommend the applicant for admission with the following reservation:
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

☐ I need to discuss this recommendation by phone.

Name: ____________________________________________

Title: ____________________________________________

Church: __________________________________________

Street: ________________________________________ City: ________________________________________

State: _______________________________________ Zip Code: ___________________________________ Country: ___________________________________

Phone: (__________) Email: __________________________

Signature: ______________________________________ Date: __________________________

Please send me information on the following Graduate Program(s) offered at Cairn University:

☐ M.A. in Religion ☐ Master of Theology ☐ M.S. in Education ☐ M.S. in Organizational Leadership

☐ Master of Divinity ☐ M.S. in Counseling ☐ M.S. in Educational Leadership & Administration ☐ Master of Business Administration

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