

Graduate Programs Professional / Academic Reference

PART I

TO THE APPLICANT: Please complete Part I, then have an individual in your workplace or academia who is qualified to evaluate your professional work or academic potential 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 REFERENCE: 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:

| | UNSATISFACTORY | BELOW AVERAGE | AVERAGE | ABOVE AVERAGE | EXCEPTIONAL | NO BASIS FOR JUDGEMENT |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Intellect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation/Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aptitude for Problem Solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperativeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal/Social Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbal Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Career Potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART III

Please use the space below to provide any additional information that may be helpful in evaluating the qualifications of the applicant.

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: _____

Organization: _____

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