

## RECOMMENDATION ADVISOR/TEACHER/PASTOR

### Applicant Information

This section is to be completed by the APPLICANT:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Applicant's signature below waives right of access to see this reference. This waiver is NOT required as a condition of admission.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above named applicant is applying for admission to Mid-America Christian University and has chosen you as a reference. In compliance with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), if the applicant has not signed above, he/she will have access to this form upon acceptance in the University. Please answer the following questions and check the personality rating section to the best of your knowledge.

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Very Well  Well  Casually

Is there any area in which the applicant might need individualized assistance?  Yes  No  don't Know

In comparison with other people that you know in this applicant's peer group, how would you rate this person in the following areas?

	Exceptional	Above Average	Average	Below Average
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<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"/>
Attitude toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility of Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any personality traits which hinder this applicant in his/her relations with others?  Yes  No

Comment: \_\_\_\_\_

I recommend this person for acceptance at Mid-America Christian University:  Yes  No

Comment: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Church Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After completion, please return this form to the address below. If you wish to make additional comments about the applicant, please use a separate sheet of paper or call:

**Mid-America  
CHRISTIAN  
University**

Office of Admissions  
 3500 SW 119<sup>th</sup> Street  
 Oklahoma City, OK 73170  
 405-691-3800  
 405-692-3165 fax