

Shaded section to be completed by applicant.

Applicant's Name _____
FIRST MIDDLE LAST MAIDEN

Permanent Mailing Address _____
STREET CITY STATE ZIP

Email Address _____ Start Term _____

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is understood that the recommendations will remain confidential. Please mark the appropriate phrase below indicating your option and sign your name.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's Signature _____ Date _____

To the reference: The above named applicant is applying for admission to Richmont Graduate University and is asking you to furnish a reference. Richmont provides master's-level training in professional counseling, marriage and family therapy and ministry from a Christian perspective. The Admissions Committee would appreciate your frank evaluation of the applicant.

How long have you known the applicant? _____ Years _____ Months In what capacity _____

How well do you know the applicant? Very well Well Not very well

Please provide comments on the following areas in which you have sufficient knowledge of the applicant.

PERSONAL CHRISTIAN GOALS
APPLICANT'S STRONG POINTS, INCLUDING SPECIAL ABILITIES
APPLICANT'S WEAKNESSES
CHURCH PARTICIPATION AND COMMITMENT TO CHRISTIANITY
FRIENDSHIPS
EMOTIONAL MATURITY

INDUSTRY, INITIATIVE AND COOPERATION
COMMON SENSE
FINANCIAL HABITS
PERSONAL APPEARANCE AND Demeanor
INTELLIGENCE
CREATIVE, INNOVATIVE THINKING
ABILITY TO HANDLE STRESS

What degree of success in graduate school do you predict for the applicant?

Unusually high Above average Average Below average

I recommend I recommend with this reservation _____ I do not recommend

You may provide additional comments or information regarding the applicant on a separate sheet.

Name _____

Business/Organization _____ Position _____

Address _____

Phone Number _____ Email Address _____

Signature _____ Date _____

MM/DD/YYYY

Thank you for your time in completing this reference. Please return this form to:

Richmont Admissions Office
McCarty Building
2055 Mount Paran Road, N.W.
Atlanta, GA 30327
404-233-3949