



Applicant's Name _____ FIRST _____ MIDDLE _____ LAST _____ MAIDEN _____

Permanent Mailing Address _____ STREET _____ CITY _____ STATE _____ ZIP _____

Email Address _____ Start Term _____

☐ I waive my right to review this recommendation.

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

To the reference: The above named applicant is applying for admission to Richmond Graduate University and is asking you to furnish a reference. Richmond 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 well do you know the applicant? ☐ Very well ☐ Well ☐ Not very well

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
1900 The Exchange
Building 100
Atlanta, GA 30339
404-233-3949