Graduate Education Professional Reference Form

Section I (To be completed by applicant)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Area Code</th>
<th>Phone</th>
</tr>
</thead>
</table>

I ☐ do ☐ do not willingly waive my right to view the completed reference form knowing that this waiver will not influence the College’s admission decision.

Applicant’s Signature

You are required to submit three professional reference forms. (Check the appropriate reference.)
☐ Employer ☐ Former professor ☐ Personal (not family member)

In order to complete this application, each reference must be returned in a sealed envelope with the reference’s signature across the flap. Mail directly to the following address:

Graduate Education Program
Asbury College
One Macklem Drive
Wilmore, KY 40390

Section II—General Appraisal
(To be completed by the applicant’s choice for recommendation)

Rate the applicant using the following criteria:

<table>
<thead>
<tr>
<th>Character</th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Expression</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Written Expression</td>
<td>☐</td>
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<tr>
<td>Industriousness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Task Completion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Intelligence</td>
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<td>Dependability</td>
<td>☐</td>
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<td>Leadership Skills</td>
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<tr>
<td>Scholarship</td>
<td>☐</td>
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<td>Professional Success</td>
<td>☐</td>
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</tr>
</tbody>
</table>
Considering all qualifications, I believe at Asbury College the applicant will:

☐ do superior work.
☐ do above average work.
☐ do average work.
☐ encounter some difficulty. (Please include information in Section III, under “C”.)

In summary, the applicant is:

☐ recommended.
☐ recommended with reservations.
☐ not recommended.

Section III — Comments

A. Please identify two specific strengths of this individual.

________________________________________________________________________

________________________________________________________________________

B. Please provide reasons for the individual’s probable success in graduate study.

________________________________________________________________________

________________________________________________________________________

C. Please identify any concerns that would hinder the individual in completing a graduate degree.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature                                                                 Date

Name (please print or type)                                                 Area Code    Phone

Address                                                                         Area Code    Phone

State type and length of relationship