



# Calvary Chapel Bible College Reference Form

## Applicant Name

APPLICANT'S FULL LEGAL NAME

## Note to the Applicant:

CHOOSE THREE PEOPLE TO COMPLETE REFERENCE FORMS AND RETURN THEM TO YOU IN A SIGNED AND SEALED ENVELOPE. REFERENCES MUST BE PEOPLE WHO HAVE KNOWN YOU WELL FOR AT LEAST ONE YEAR. ONE REFERENCE MUST BE A PASTOR OR OTHER LEADER IN YOUR CHURCH. INDIVIDUALS WHO ARE RELATED TO YOU BY BLOOD OR MARRIAGE SHOULD NOT BE REFERENCES. PLEASE PRINT YOUR FULL LEGAL NAME ON THE LINE ABOVE BEFORE GIVING THIS TO THE FORM TO THE REFERENCE.

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 PERMITS STUDENTS THE RIGHT TO INSPECT THEIR FILES. BECAUSE OF THE IMPORTANCE OF PRESERVING THE CONFIDENTIALITY OF A REFERENCE, THE ACT PERMITS AN APPLICANT TO WAIVE HIS/HER RIGHT OF ACCESS TO THE REFERENCE. BY SIGNING BELOW, THE APPLICANT WILLINGLY WAIVES HIS/HER RIGHT TO SEE THIS REFERENCE PRIOR TO ENROLLMENT, KNOWING THAT THIS WAIVER IS **NOT** REQUIRED AS A CONDITION OF ADMISSION.

APPLICANT SIGNATURE

DATE

## Note to the Reference:

THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE. THE ABOVE NAMED APPLICANT HAS APPLIED FOR ACCEPTANCE TO CALVARY CHAPEL BIBLE COLLEGE AND HAS NAMED YOU AS A REFERENCE. YOUR REFERENCE CONTRIBUTES TO THE DECISION MADE BY OUR STAFF REGARDING THIS APPLICANT. THEREFORE, PLEASE BE THOROUGH AND TIMELY IN YOUR RESPONSE.

**PLEASE RETURN THIS FORM DIRECTLY TO THE APPLICANT IN A SIGNED AND SEALED ENVELOPE.**

SIGNATURE

DATE

NAME (PLEASE PRINT)

PHONE

EMAIL

ADDRESS (STREET/BOX NO.)

CITY

STATE

ZIP

CHURCH/ORGANIZATION TO WHICH YOU BELONG

POSITION

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ HOW LONG HAS THE APPLICANT BEEN AN ACTIVE CHRISTIAN? \_\_\_\_\_

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

DESCRIBE THE EVIDENCES YOU SEE IN THE APPLICANTS LIFE THAT DEMONSTRATE HIS/HER COMMITMENT TO FOLLOW CHRIST.

PLEASE STATE ANY CONCERNS OR RECOMMENDATIONS THAT WOULD ASSIST US IN THE SELECTION OF THIS APPLICANT.

PLEASE CIRCLE THE APPROPRIATE NUMBER ON THE FOLLOWING QUESTIONS. USE "?" IF YOU FEEL YOUR KNOWLEDGE OF THE APPLICANT IS INSUFFICIENT IN THAT AREA.

	UNKNOWN	POOR	AVERAGE			OUTSTANDING	
RESPONSIBILITY—ABILITY TO FAITHFULLY ASSUME AND COMPLETE DUTIES/OBLIGATIONS:	?	1	2	3	4	5	6
ADAPTABILITY—ABILITY TO ADJUST TO CHANGES IN CIRCUMSTANCES:	?	1	2	3	4	5	6
COOPERATION/TEAMWORK—RELATES WELL TO OTHERS IN A LIVING OR WORK SETTING:	?	1	2	3	4	5	6
COMMUNICATION—ABLE TO EXPRESS THOUGHTS, FEELINGS, AND IDEAS WITH OTHERS:	?	1	2	3	4	5	6
SPIRITUAL MATURITY—DEMONSTRATES HOLINESS, MATURITY, AND CONSISTENCY:	?	1	2	3	4	5	6
CHURCH INVOLVMENT	?	1	2	3	4	5	6
EMOTIONAL STABILITY	?	1	2	3	4	5	6
PERSONAL RECOMMENDATION	?	1	2	3	4	5	6

THANK YOU FOR YOUR COOPERATION IN THIS MATTER. PLEASE RETURN THIS FORM TO THE APPLICANT IN A SIGNED AND SEALED ENVELOPE.

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