

*Professional reference forms must be completed by someone who is not a relative.*

**Part 1: To be filled out by the applicant**

**Applicant's Information**

Please Print Name (Last, First, Middle): \_\_\_\_\_

Address (City State Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Applicant's Waiver of Rights to Access**

The Family Education Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his/her right of access to confidential letters or statements written in his/her behalf if the recommendation is used solely for the purposes of admission if the candidate, upon request, is notified of the names of all persons making such recommendations on his/her behalf. The Graduate Council does not require that you make such a waiver as a condition for admission. However, under the legislation you have the option of not signing such a waiver as follows:

- Yes, I will waive my rights to access (sign below).
- No, I do not waive my rights to access.

**Waiver:**

I hereby waive my rights to access this recommendation and appropriate attachments that have been written by \_\_\_\_\_ (name of recommender) on behalf of my application for graduate admission to Mount Vernon Nazarene University. The waiver is effective as the recommendation is used solely for the purpose of admission.

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

**Part 2: To be filled out by the individual writing the reference**

Mount Vernon Nazarene University has a selective admissions and personalized review process. Accordingly, the graduate admissions staff will be reviewing academic records including courses pursued, grades received, and, if appropriate, scores from standardized tests. It is recognized that these alone cannot predict personal and professional promise, and so you are asked to write this reference regarding qualities such as initiative, leadership ability, responsibility, integrity, social adjustment, and professional interest and goals.

In what capacity have you known the individual named above? \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

Keeping in mind the qualities listed above, what do you consider to be this individual's chief strengths?

In what areas (above) do you feel this individual might have difficulty adjusting to graduate level expectations? \_\_\_\_\_

In what area has this individual made the greatest contribution to his/her community, church, school, or place of employment? \_\_\_\_\_

Please add any additional comments that will help the graduate admissions staff to know this individual:

*Please select the most appropriate rating:*

Compared to other college graduates, evaluate the characteristics with which you are familiar.

	Top 5%	Top 10%	Top 25%	Middle 50%	Lower 25%
Intellectual Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Imagination and Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Education Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparation in Major	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest and Enthusiasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please select one:*

For admission of this applicant to the Graduate Education Program at Mount Vernon Nazarene University:

- I strongly recommend     I recommend     I recommend with some reservation     I do not recommend

**Recommender's Information**

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

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Important:** *At least one direct contact number must be supplied for verification purposes.*

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

*Please mail or email your reference to the enrollment counselor as instructed.*

Thank you for your cooperation. Your prompt reply is appreciated.

Mount Vernon Nazarene University admits students to all programs and activities, and administers all educational employment and other policies without discrimination because of race, color, sex, religion, national or ethnic origin, or disability.



**ADULT AND GRADUATE STUDIES**