ULLER {academic/professional reference evaluation}

INSTRUCTIONS TO THE APPLICANT

Please complete the following before distributing the form.

NAME OF APPLICANT						
Surname (family name)	First	Middle				
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (U.S. only) BIRTHDATE	Month/Day/Year				
APPLICATION FOR QUARTER	PROGRAM/CONCENTRATION					
NOTE: The following references are NOT acceptable:						
References from neighbors, friends, relatives, persorReferences from those who have known the applicar		y to the applicant				
TO THE APPLICANT: I understand this evaluation is to be admission and consideration for graduate status. I hereby expr Education Rights and Privacy Act of 1974, the California Info understand that the rights I am waiving include, but are not lin form made for my use; the right to request an amendment of t	ressly waive any and all rights I have of access ormation Practices Act of 1977, and any or all nited to, the right to inspect and review this for	s to this evaluation under the Family other laws, regulations, or policies. I				
□ I agree to waive access to this reference evaluation.	□ I do not agree to waive access to thi	s reference evaluation.				
Signature of applicant	Date					
INSTRUCTIONS TO THE RECOMMENDE	R					

The applicant named above has applied for admission to Fuller Theological Seminary and has requested that you provide a reference. We would be grateful if you would give your frank evaluation of the applicant by responding to the following questions.

Fuller Theological Seminary is a professional graduate school which strives to prepare men and women for various forms of Christian ministry. Each applicant is evaluated using several criteria, including Christian experience, personal character, academic record and potential, ministerial promise, and references.

Please note above whether the applicant has agreed, or has not agreed, to waive access to your reference evaluation.

To avoid delays in processing the application, please promptly mail, e-mail (as a scanned attachment), or fax this completed form to:

Office of Admissions, Fuller Theological Seminary, 135 N. Oakland Ave., Pasadena, CA 91182 USA E-mail: admissions@fuller.edu Fax: (626) 584-5449

If mailing this form, please be sure to sign and seal the flap of the envelope.

TO BE COMPLETED BY THE RECOMMENDER

1. RELATIONSHIP TO THE APPLICANT

a. How long have you known the applicant? _____Years _____Months

b. How well do you know the applicant? \Box Casually \Box Well \Box Very Well

c. Check the context(s) in which you know the applicant:

 \Box As a student in \Box one or \Box more than one college or graduate school course

□ As a student engaged in research or independent study under my direction

 \Box As an employee under my supervision

 $\hfill\square$ As a member/attender of my church where I am in leadership

As a colleague in ministry leadership

□ Other (please specify) _

Top 10%

2. ASSESSMENT OF APPLICANT'S ABILITIES

□ Top 20%

a. How would you rate this individual compared to others who have applied to graduate school?

□ Top 30% □ Top 40% □ 7

🖵 Top 50%

□ Below 50% □ Can't assess

b. Is the applicant's scholastic record, as you know it, an accurate reflection of the quality and range of his/her skills and competencies?

□ Yes □ No If you choose "No," please attach an explanatory statement.

3. PLEASE CHECK THE FOLLOWING DESCRIPTIONS THAT APPLY TO THE CANDIDATE.

S. TELEASE CHIEF OF DEDCART HOUS FIRST ATTEL TO THE CAMPBATE.								
	Below Average		Average	Above Average		Unknown		
Social Appropriateness				L L				
Emotional Stability								
Personal Maturity								
Composure								
Cooperation								
Teamwork								
Responsibility								
Initiative								
Communication								
Articulateness								
Creative Instinct								
Academic Potential								
Critical Thinking Skills								
Leadership Qualities								
Professional Ability								
Spiritual Maturity								
Church Involvement								
Parachurch Involvement (<i>if applicable</i>)								

4. PERSONAL EVALUATION OF THE APPLICANT (Attach additional pages if necessary.)

a. The special assets this applicant has for graduate study and the ministry are:

b. If this candidate is admitted to Fuller, his/her chief need for personal development or improvement will be:

c. Additional comments (optional):

RECOMMENDATION (Must be completed by the recommender)

Please check one of the following:

□ Recommend with enthusiasm for admission □ Recommend for admission □ Recommend, but with reservation □ Do not recommend for admission

Name of recommender (please print or type)					
Position or job title					
Name of church, organization, business, or institution					
Address	City	State	Zip	Country	
Phone: Office () Home/Mobi	le ()	E-mail			
Signature	Date				
Please check if you are a D Fuller faculty member D Ful	ller alum (Degree and	year of graduation:)

Thank you again for your contribution. Please see previous page for submission instructions.