



Graduate
School of
Theology

ABILENE
CHRISTIAN
UNIVERSITY

Recommendation Form

Complete this form and return it to:
Graduate School of Theology, ACU Box 29422, Abilene, Texas 79699-9422

TO BE COMPLETED BY THE STUDENT:

NAME OF APPLICANT _____ SOCIAL SECURITY NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ AREA CODE _____ PHONE NUMBER _____

A. In accordance with provision of the Family Educational Rights and Privacy Act of 1974, as amended,
I hereby waive my rights to review this personal reference and wish the file to remain confidential.
(I do not wish to see the reference.)

Signature of applicant _____ Date _____

B. I do not wish this personal reference to remain confidential. (I wish to be able to see the reference.)

Signature of applicant _____ Date _____

TO BE COMPLETED BY THE PERSON PROVIDING RECOMMENDATION:

Unless the individual requesting this reference signs the above waiver (Part A), your evaluation cannot be held in confidence and must be released upon request by the student.

Please think carefully about this person as a student and give us your frank and honest appraisal.

1. **Acquaintance.** I have known the above named person for _____ months or _____ years.

My relationship to this person is: Professor Professional in intended field of study Employer
 Minister Friend Other _____

2. **Church involvement.** Can you give us any information about this student's involvement in church activities?

3. **Potential as a minister/missionary.** How would you evaluate this student's potential for full-time work in the church (preaching, youth ministry, mission work, etc.) after college?

**PLEASE SEE
REVERSE SIDE**

