



SCHOOL OF EDUCATION

Reference: Academic

THIS PORTION TO BE COMPLETED BY APPLICANT

Please provide a stamped envelope addressed to the Office of Graduate Admissions, Biola University (full address on back) to the person completing the reference.

LAST NAME OF APPLICANT (PLEASE PRINT) FIRST MIDDLE OR MAIDEN

ADDRESS

E-mail PHONE

Plan to enter Biola University: [ ] Fall [ ] Spring Year \_\_\_\_\_

Program for which you are applying (check only one): [ ] Credential [ ] M.A. Ed. [ ] MAT [ ] M.A.Ed. with Credential [ ] MAT with Credential

NOTE: This form is to be filled out by someone who is not a member of your immediate family

The Family Education Rights and Privacy Act of 1974 permits students access to certain credentials in 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 of access to see this recommendation, knowing that this waiver is NOT required as a condition for admission.

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

RECOMMENDATION

The individual named above is applying for admission to the School of Education at Biola University and is asking you to furnish a reference. Education graduate programs are designed for evangelical Christian men and women who are thoroughly committed to the authority of the Scriptures and who feel a definite sense of call in their desire to serve in the educational field. We would appreciate your honest evaluation of this applicant's spiritual commitment, maturity, and motivation. Please note the provisions of the Family Education Rights and Privacy Act as indicated above. Thank you for your help.

- 1. I have known the applicant for \_\_\_\_\_ years, \_\_\_\_\_ months
2. I know the applicant [ ] Slightly [ ] Fairly well [ ] Very well
3. I have known the applicant: [ ] As an undergraduate student [ ] As an undergraduate assistant [ ] As an advisee [ ] As a graduate student [ ] As a teaching assistant [ ] Other \_\_\_\_\_
4. The applicant has taken: [ ] None of my classes [ ] One of my classes [ ] Two or more of my classes
5. Compared with \_\_\_\_\_ (Reference Group: College seniors, first year graduate students or other - please indicate)

I consider the applicant's intellectual ability to be in the:

- [ ] Lowest 25% [ ] Middle 50% [ ] Upper 25% [ ] Upper 10% [ ] Upper 5% [ ] Upper 1% [ ] Inadequate opportunity to observe the applicant

(OVER)

6. Specific Characteristics (please check)

	Very Low 1-25%	Modest 25-50%	Good 50-75%	Very Good 75-90%	Outstanding 90-95%	Truly Exceptional 95-100%	Unable to Judge
Academic Ability							
Creative, innovative thinking							
Teachability							
Empathic capacity							
Ability to work independently							
Ability to work interdependently							
Capacity to handle stress							
Energy level at work activity							
Commitment to children/youth and educational process							

7. Does the applicant have personality characteristics which would interfere with functioning in a classroom or school setting? (please check below)

	Definitely No	Possibly Yes	Definitely Yes			Unable to Judge
			Minor	Moderate	Significant	
Anxious, fearful						
Dependent						
Low self-esteem, unusual need for approval						
Manipulative						
Hostile, angry						
Shy, sensitive to criticism						
Pushy, aggressive						
Impulsive, hasty						

8. In general, how would you rate the applicant's potential for success as a Christian leader in an educational setting?

- Poor     
  Fair     
  Good     
  Excellent     
  Cannot determine

You will help the Admissions Committee to better evaluate the applicant if you could ELABORATE ON ANY FURTHER INTELLECTUAL OR PERSONALITY ASSETS OR LIABILITIES which would influence the person's training and practice in the educational profession. Thank you.

9. Indicate the strength of your overall endorsement of the applicant:

- Not Recommended     
  Recommended with some reservations  
 Recommended     
  Highly Recommended

Signature of person completing this form \_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Institution or affiliation \_\_\_\_\_ Phone (        ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Please check to make sure items are completed correctly. Return this form to:

OFFICE OF GRADUATE ADMISSIONS Biola University, 13800 Biola Avenue La Mirada CA 90639 (562)-903-4752 Fax (562)-903-4709 www.biola.edu

Thank you for completing this form. A more detailed letter concerning the applicant's potential in applied areas would be welcomed by the Admissions Committee.



**SCHOOL OF EDUCATION**

*Reference: Character*

THIS PORTION TO BE COMPLETED BY APPLICANT

Please provide a stamped envelope addressed to the Office of Graduate Admissions, Biola University (full address on back) to the person completing the reference.

LAST NAME OF APPLICANT (PLEASE PRINT) FIRST MIDDLE OR MAIDEN

ADDRESS

E-mail PHONE

Plan to enter Biola University:  Fall  Spring Year \_\_\_\_\_

Program for which you are applying (check only one):  Credential  M.A. Ed.  MAT  
 M.A.Ed. with Credential  MAT with Credential

**NOTE:** This form is to be filled out by someone who is not a member of your immediate family

*The Family Education Rights and Privacy Act of 1974 permits students access to certain credentials in 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 of access to see this recommendation, knowing that this waiver is NOT required as a condition for admission.*

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

**RECOMMENDATION**

The individual named above is applying for admission to the School of Education at Biola University and is asking you to furnish a reference. Education graduate programs are designed for evangelical Christian men and women who are thoroughly committed to the authority of the Scriptures and who feel a definite sense of call in their desire to serve in the educational field. We would appreciate your honest evaluation of this applicant's spiritual commitment, maturity, and motivation. Please note the provisions of the Family Education Rights and Privacy Act as indicated above. Thank you for your help.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. How well do you know the applicant?  Very well  Well  Casually
3. Does the applicant's speech and conduct reflect a genuine faith in Christ? \_\_\_\_\_
4. To your knowledge has the applicant ever used illegal drugs? \_\_\_\_\_
5. Describe the applicant's relationship with the opposite sex. \_\_\_\_\_
6. What goals does the applicant have? \_\_\_\_\_
7. Does the applicant have any doctrinal views which are overemphasized? \_\_\_\_\_ If yes, comment. \_\_\_\_\_
8. What are the applicant's strong points (include special abilities)? \_\_\_\_\_
9. What are the applicant's weaknesses or personality defects? \_\_\_\_\_
10. Describe the applicant's behavior toward authority (including parents). \_\_\_\_\_
11. Describe applicant's relationships with peers. \_\_\_\_\_

It will help the Office of Graduate Admissions (Admissions Committee) to more accurately appraise the applicant if you will comment on the following items. Please omit those about which you have insufficient knowledge to form an opinion.

---

Church Participation

---

Friendships

---

Emotional make-up and behavior

---

Leadership ability

---

Industry, initiative, cooperation

---

Common sense

---

Financial habits

---

Personal appearance (looks and dress)

---

Intelligence

---

Unusually high       Above Average       Average       Below Average

---

Remarks

---

I recommend       I do not recommend       I recommend with this reservation: \_\_\_\_\_

---

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

SEND DIRECTLY TO: OFFICE OF GRADUATE ADMISSIONS Biola University, 13800 Biola Avenue La Mirada CA 90639 (562)-903-4752 Fax (562)-903-4709



**SCHOOL OF EDUCATION**

*Reference: Pastor*

THIS PORTION TO BE COMPLETED BY APPLICANT

Please provide a stamped envelope addressed to the Office of Graduate Admissions, Biola University (full address on back) to the person completing the reference.

LAST NAME OF APPLICANT (PLEASE PRINT) FIRST MIDDLE OR MAIDEN

ADDRESS

E-mail PHONE

Plan to enter Biola University:  Fall  Spring Year \_\_\_\_\_

Program for which you are applying (check only one):  Credential  M.A. Ed.  MAT  
 M.A.Ed. with Credential  MAT with Credential

**NOTE:** This form is to be filled out by someone who is not a member of your immediate family

*The Family Education Rights and Privacy Act of 1974 permits students access to certain credentials in 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 of access to see this recommendation, knowing that this waiver is NOT required as a condition for admission.*

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

**TO THE PERSON COMPLETING THIS REFERENCE:**

The individual named above is applying for admission to the School of Education at Biola University and is asking you to furnish a reference. Education graduate programs are designed for evangelical Christian men and women who are thoroughly committed to the authority of the Scriptures and who feel a definite sense of call in their desire to serve in the educational field. We would appreciate your honest evaluation of this applicant's spiritual commitment, maturity, and motivation. Please note the provisions of the Family Education Rights and Privacy Act as indicated above. Thank you for your help.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. How well do you know the applicant?  Very well  Well  Casually
3. Does the applicant's speech and conduct reflect a genuine faith in Christ? \_\_\_\_\_
4. To your knowledge has the applicant ever used illegal drugs? \_\_\_\_\_
5. Describe the applicant's relationship with the opposite sex. \_\_\_\_\_  
\_\_\_\_\_
6. What goals does the applicant have? \_\_\_\_\_  
\_\_\_\_\_
7. Does the applicant have any doctrinal views which are overemphasized? \_\_\_\_\_ If yes, comment. \_\_\_\_\_  
\_\_\_\_\_
8. What are the applicant's strong points (include special abilities)? \_\_\_\_\_  
\_\_\_\_\_
9. What are the applicant's weaknesses in personality or gifts that could impede success in educational leadership? \_\_\_\_\_  
\_\_\_\_\_
10. Describe the applicant's behavior toward authority (including parents). \_\_\_\_\_  
\_\_\_\_\_
11. Describe applicant's relationships with peers. \_\_\_\_\_  
\_\_\_\_\_

It will help the Office of Graduate Admissions (Admissions Committee) to more accurately appraise the applicant if you will comment on the following items. Please omit those about which you have insufficient knowledge to form an opinion.

---

Church Participation

---

Friendships

---

Emotional make-up and behavior

---

Leadership ability

---

Industry, initiative, cooperation

---

Common sense

---

Financial habits

---

Personal appearance (looks and dress)

---

Intelligence

---

Unusually high       Above Average       Average       Below Average

---

Remarks

---

I recommend       I do not recommend       I recommend with this reservation: \_\_\_\_\_

---

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Name of Church \_\_\_\_\_ Church Phone (      ) \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_



**SCHOOL OF EDUCATION**

*Reference: Employer*

THIS PORTION TO BE COMPLETED BY APPLICANT

Please provide a stamped envelope addressed to the Office of Graduate Admissions, Biola University (full address on back) to the person completing the reference.

LAST NAME OF APPLICANT (PLEASE PRINT)	FIRST	MIDDLE OR MAIDEN
ADDRESS		
E-mail		PHONE
Plan to enter Biola University: <input type="checkbox"/> Fall <input type="checkbox"/> Spring    Year _____ Degree sought at Biola University _____		

**NOTE:** This form is to be filled out by someone who is not a member of your immediate family

*The Family Education Rights and Privacy Act of 1974 permits students access to certain credentials in 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 of access to see this recommendation, knowing that this waiver is NOT required as a condition for admission.*

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

**TO THE PERSON COMPLETING THIS REFERENCE:**

The individual named above is applying for admission to the School of Education at Biola University. Please note the provisions of the Family Education Rights and Privacy Act as indicated above. Please be frank and accurate. Thank you for your help.

1. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

	NOT OBSERVED	VERY WEAK	FAIR	GOOD	OUTSTANDING
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service-oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems and formulate solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for career advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for chosen profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence and task persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

