

The Brinson Institute of Kingdom Leadership & Development

ACADEMIC RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT

Important: Please complete this portion of the form and send it to your recommender. Each of your letters of recommendation should be written by a different person. The recommendation should be *returned to you* in a sealed envelope, signed by your recommender across the flap. Do not open the envelope when it is returned to you. Include the recommendation with the materials you submit with your application.

Applicant's Name _____
Last First Middle/Maiden

Social Security Number _____

TO THE APPLICANT: The Family Education Rights and Privacy Act of 1974, also known as the Buckley Amendment, gives students a right to inspect and review their educational records. This includes the right to read specific confidential statements and letters of recommendation. In order to protect the confidentiality of your recommendation, you may waive this right. Please indicate your decision to waive or not to waive this right by checking the appropriate statement and signing your name on the line below.

- _____ 1. I waive my right to examine this recommendation.
- _____ 2. I do not waive my right to examine this recommendation.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE RECOMMENDER

TO THE RECOMMENDER: The person named above is applying for admission to Hope Bible Institute and Seminary, South Bend, IN. The Admission Committee would appreciate your candid and detailed assessment of the applicant's qualifications, academic abilities (specifically relating to research, writing and integrative skills) and potential. Please return the requested materials to the applicant in a sealed envelope with your signature across the flap prior to the March 1 or October 1 deadline.

If the applicant has waived his or her right, this letter will be held confidential. If the applicant has not waived his or her right, it will be assumed that this letter may be seen by the applicant if the applicant enrolls in Hope Bible Institute.

1. Recommender's Name _____

Address _____

Phone () _____

Job Title _____

Employer _____

2. What is your relationship to the applicant? _____

3. How long have you known the applicant?

4. Do you know of any problems that might hinder the applicant's effective work in Christian ministry? Yes No
If yes, please elaborate on a separate sheet.

5. Are you a The Brinson Institute of Kingdom Leadership & Development alumnus/alumna? Yes No

6. Does the applicant have any personal habits or prejudices that might hamper service in a church-related position? Yes No

If yes, please elaborate on a separate sheet.

7. Do you recommend this person for admission? Yes No If yes, please circle one:

With Enthusiasm

With Confidence

With Reservation

With Reluctance

8. Please use the space below to disclose your own words a full candid evaluation of the applicant.

9. *Thank you* for your thoughtful response. If further questions regarding the applicant arise, may a member of the Admission Committee contact you by phone? Yes No

10. Please return this recommendation to the applicant in a sealed envelop with your signature across the flap.

Please evaluate the applicant in the following areas by marking 3 for above average, 2 for average, 1 for below average, N for no information.				
Interpretive Skills	3	2	1	N
Writing Skills	3	2	1	N
Communication Skills	3	2	1	N
Analytical Skills	3	2	1	N
Class Involvement	3	2	1	N
Self-Discipline	3	2	1	N
Punctuality	3	2	1	N
Creative Thinking	3	2	1	N
Academic Aptitude	3	2	1	N