



Reference Form

This portion is to be completed by the applicant:

Name of Applicant _____

Name of Reference _____

WAIVER OF RIGHT TO ACCESS: I willingly waive my right of access to see this completed recommendation, knowing that this waiver is NOT required as a condition for admission.

Check one: Yes No If "yes," please sign below.

Signature of Applicant _____

Date _____

This portion is to be completed by the referent:

In order to give a better profile of the applicant, please rate the applicant in each of the following areas. Circle the number which, in your opinion, best represents the applicant on the scale given for each category.

							Comments
Home Background	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Difficult</i>			<i>Superior</i>			
Personality	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Withdrawn</i>			<i>Outgoing</i>			
Emotional Stability	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Unstable</i>			<i>Stable</i>			
Relationships	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Abrasive</i>			<i>Congenial</i>			
Initiative	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Poor</i>			<i>Good</i>			
Leadership	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Untested</i>			<i>Capable</i>			
Dependability	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Unreliable</i>			<i>Dependable</i>			
Judgment	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Poor</i>			<i>Discerning</i>			
Spiritual Vitality	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Apathetic</i>			<i>Passionate</i>			
Christian Character	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Questionable</i>			<i>Exemplary</i>			
Respect for Authority	1	2	3	4	5	Do not know <input type="checkbox"/>	_____ _____
	<i>Poor</i>			<i>Excellent</i>			

Are you aware of issues that may negatively impact the applicant's ability to be successful at RBC?

Additional comments:

Would you prefer to discuss this reference on the phone? Yes No

I know the applicant: extremely well (close relationship)
 rather well (many personal contacts)
 casually (few personal contacts)

Reference Name: _____

Address: _____ City, State & Zip: _____

E-mail: _____ Phone: _____

Signature: _____ Date: _____

Please send or fax this completed form to:

**Admissions Office
Rosedale Bible College
2270 Rosedale Rd.
Irwin, OH 43029
877-857-1312 (fax)**