



GORDON
COLLEGE

CHRISTIAN FAITH REFERENCE



If you are on a Mac computer, please open and fill out this form using Adobe Reader. Information you enter may be lost if this form is filled out with the Preview application. If you don't already have Adobe Reader installed, click here to download it now for free: <http://get.adobe.com/reader/otherversions/>.

To the Student: Please fill in your information below and give this form to someone who knows you both personally and spiritually. This individual should be a minister, pastor or youth director and should not be a family member.

STUDENT FIRST NAME

MIDDLE NAME

LAST NAME

PERMANENT ADDRESS

CITY

STATE

ZIP/POSTAL CODE

COUNTRY

Applicant: I waive my right to review this reference. Yes No

APPLICANT'S SIGNATURE

DATE

To the Reference Provider: The student listed above is submitting an application to Gordon College. All that is needed to send an admission decision is the following information. Please answer the following questions about the above student and send to Gordon College as soon as possible.

YOUR TITLE (Mr., Mrs., Dr., etc.) YOUR NAME

RELATIONSHIP TO THE APPLICANT

CHURCH/ORGANIZATION NAME

EMAIL ADDRESS

PHONE NUMBER

1 How well do you know the applicant:

- Just by name and sight.
- Casually. Have had few personal contacts.
- Fairly well. Have had a number of personal contacts.
- Have had a close relationship.

2 Please comment on the quality of the applicant's:

	Outstanding	Above Average	Average	Below Average	Not Observed
Christian commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in the work of the church	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive impact on peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential for achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHRISTIAN FAITH REFERENCE, continued

3 Comment on the applicant's Christian commitment to the best of your knowledge.

4 What are the most outstanding positive and/or negative personal traits which the applicant possesses?

5 Are there family or personal factors, either positive or negative, which might affect the applicant's success at Gordon?
 Yes No Please explain.

6 Your specific recommendation:

- Strongly recommend
- Recommend
- Recommend – may encounter some difficulty
- Do not recommend
- Prefer not to make a recommendation

7 Please expand upon any information supplied on this form as you deem necessary, or make any additional comments below.

SIGNATURE

DATE



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Thank you for your time in filling out this recommendation.
Please mail the completed form to:

Office of Admissions
Gordon College
255 Grapevine Road
Wenham, Massachusetts 01984-1899