



COVENANT COLLEGE

IN ALL THINGS CHRIST PREEMINENT

ACADEMIC REFERENCE FORM

REFERENCE SHOULD NOT BE RELATED TO THE APPLICANT. A REFERENCE LETTER MAY BE USED IN PLACE OF THIS FORM.

PART I: TO BE COMPLETED BY THE APPLICANT

APPLICANT'S LAST NAME FIRST NAME MIDDLE NAME PREFERRED NAME

HOME ADDRESS NUMBER & STREET

CITY STATE ZIP/POSTAL COUNTRY

HOME PHONE CELL PHONE E-MAIL ADDRESS

I, _____, give Covenant College permission to contact this reference and waive my right to review any comments made by the reference.
APPLICANT'S NAME

APPLICANT'S SIGNATURE DATE

PART II: TO BE COMPLETED BY THE TEACHER OR GUIDANCE COUNSELOR

We greatly appreciate your help in the admission process. Your thoughtful evaluation and recommendation will be valuable to the admissions committee in our appraisal of this applicant. **Please note that the applicant cannot be considered for acceptance or financial aid until we have received this completed form. Reference should not be related to the applicant.**

INSTRUCTOR'S NAME INSTRUCTOR'S TITLE

DAYTIME PHONE EVENING PHONE E-MAIL ADDRESS

SCHOOL NAME PHONE NUMBER OF SCHOOL

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? 0-6 MONTHS 7-12 MONTHS 1-2 YEARS 3-5 YEARS 6-10 YEARS OVER 10 YEARS

2. IN WHAT CAPACITY (OR HOW WELL) DO YOU KNOW THE APPLICANT? _____

3. PLEASE CHECK THE STATEMENT THAT BEST DESCRIBES THE STUDENT'S INTERACTION WITH YOU AND OTHER FACULTY MEMBERS IN THE CLASSROOM:

- THIS STUDENT ENTHUSIASTICALLY INITIATES DISCUSSIONS AND INTERACTION
- THIS STUDENT WILLINGLY PARTICIPATES IN DISCUSSION AND INTERACTION
- THIS STUDENT SELDOM INITIATES DISCUSSION AND INTERACTION

4. PLEASE COMMENT ON THE APPLICANT'S ACADEMIC ABILITY AND ENGAGEMENT IN YOUR CLASSROOM. _____



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ACADEMIC REFERENCE FORM CONTINUED

5. WHAT DO YOU BELIEVE TO BE THE APPLICANT'S GREATEST STRENGTH? _____

6. WHAT DO YOU BELIEVE TO BE THE APPLICANT'S GREATEST WEAKNESS? _____

7. PLEASE LIST ANY CIRCUMSTANCES OF WHICH COVENANT COLLEGE SHOULD BE AWARE BEFORE DECIDING ON THE APPLICANT'S ADMISSION. _____

8. ACADEMICALLY, WHERE WOULD THIS APPLICANT STAND COMPARED TO THE OTHER STUDENTS IN HIS/HER GRADUATING CLASS?

- TOP 10% TOP 20% TOP 30% UPPER 50% LOWER 50% LOWER 20%

9. WHAT IS YOUR RECOMMENDATION IN RESPECT TO THIS APPLICANT'S ADMISSION?

- STRONGLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

10. CAREFULLY RATE THE APPLICANT BY CHECKING THE APPROPRIATE RATING FOR EACH CHARACTERISTIC. ON A SCALE OF 1-5, 5 INDICATES THAT THE STUDENT EXCELS IN THAT CHARACTERISTIC, AND 1 INDICATES THAT THE STUDENT DOES NOT DEMONSTRATE THAT CHARACTERISTIC. IT IS IMPORTANT THAT YOU RATE THE STUDENT TO THE BEST OF YOUR KNOWLEDGE FOR EACH CHARACTERISTIC.

	5	4	3	2	1
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<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"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSITIVITY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION/TIME MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANY ADDITIONAL COMMENTS, PLEASE USE A SEPARATE SHEET OF PAPER OR CALL OUR ADMISSIONS OFFICE. PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS LISTED BELOW.

COVENANT COLLEGE PROVIDES EQUAL OPPORTUNITY IN EDUCATION WITHOUT REGARD TO RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, GENDER, AGE OR HANDICAP.