Institute for Creation Research Graduate School

Character Reference Form

The Institute for Creation Research Graduate School does not discriminate on the basis of race, color, sex, national or ethnic origin, or handicap in admission or access to its programs.

______________________________________________________________
(Full name of applicant)

I have applied for admission to the Institute for Creation Research Graduate School and have given your name as a reference. Please answer the following questions to the best of your knowledge and mail this form directly to: Eddy Miller, Interim Dean, ICRGS, P.O. Box 0240, National City, CA 91951-0240.

Please consider that, due to respect for privacy law concerns related to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement below. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Admissions Office at (214) 615-8300.

I willingly waive my right of access to see this recommendation, knowing that this waiver is NOT required as a condition for admission.

_______________________________________________________
Signature of Applicant

1. How long have you known the applicant? _______Years ________Months
   In what capacity? ______________________________________________________________

2. How well do you know the applicant? (Please check one)
   ______ Just by name and sight.
   ______ Casually. Have had a few personal contacts.
   ______ Fairly well. Have had a number of personal contacts.
   ______ Have had a very close relationship.

3. Have you had the opportunity to observe the applicant’s church, home, and business life?
   Please Explain: ________________________________________________________________

4. Please give what information you can regarding the family life. __________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. Please give what information you can regarding the applicant’s church, social, and business life.
   ____________________________________________________________________________
   ____________________________________________________________________________

6. Does the applicant respond well to others? Please explain. ________________________________
7. Does the applicant work well with others? Please explain. _______________________________________
   _______________________________________

8. What do you consider the applicant’s significant talents or special abilities? ________________
   _______________________________________
   _______________________________________

9. What do you consider the applicant’s weak points?____________________________________
   _______________________________________

10. What degree of success do you predict for the applicant?________________________________

11. Have you observed weaknesses in the applicant’s moral life? _____ If so, please explain.
   _______________________________________

12. Has the applicant’s entire record been such that you would place full confidence in his/her integrity? _____ Comments: _______________________________________________________

13. Does the applicant drink alcoholic beverages or use non-prescription drugs? ______
   Comments____________________________________________________________________

14. Do you recommend the applicant for admission? (Please check one)
   _____Recommended for admission without reservation
   _____Recommended for admission with reservation
   _____Not recommended

15. Further comments: _____________________________________________________________
   _______________________________________
   _______________________________________

____________________________________________________________________

Print Name __________________________ Signature __________________________ Date ____________

Vocation __________________________ Active or Retired __________________________

Address ________________________________________________________________
   Street __________________________________________________________________
   City __________________________ State ________ Zip __________________________