



# 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. \_\_\_\_\_

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7. Does the applicant work well with others? Please explain. \_\_\_\_\_

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8. What do you consider the applicant's significant talents or special abilities? \_\_\_\_\_

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9. What do you consider the applicant's weak points? \_\_\_\_\_

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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.

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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: \_\_\_\_\_

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Print Name

Signature

Date

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Vocation

Active or Retired

Address

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Street

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City

State

Zip