



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: Dr. Eddy Miller, Dean of the Graduate School, ICR Graduate School, P.O. Box 2667, El Cajon, CA, 92021-0667.

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 800.337.0375.

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