



For the Church in the World

3401 Brook Road Richmond, VA 23227

Telephone: (804) 278-4339 / Fax: (800) 665-8679 / Email: admissions@upsem.edu

REFERENCE FORM

RICHMOND CAMPUS

- Full-time Part-time
- Master of Divinity
- Master of Arts in Christian Education
 - Blended Learning Program
- M.Div./M.A.C.E. *Dual Degrees*
- Educator Certification

CHARLOTTE CAMPUS

part-time only

- Master of Divinity
- Master of Arts in Christian Education
- M.Div./M.A.C.E. *Dual Degrees*

Union Presbyterian Seminary does not discriminate among applicants to, or participants in, its degree programs on the basis of gender, sexual orientation, race, ethnicity, national origin, or physical disability.

We are grateful for your assistance.

Please mail to:
Director of Admissions
Union Presbyterian Seminary
 3401 Brook Road
 Richmond, VA 23227

Or email to:
 admissions@upsem.edu

This form is used solely in the admissions process to Union Presbyterian Seminary and is destroyed after an admissions decision is made.

After completing the first section of this form, the applicant should deliver it to the reference with a stamped envelope addressed to the Director of Admissions at Union Presbyterian Seminary.

SECTION 1 *(To be completed by the applicant)*

Name of Applicant _____

is applying for admission to Union Presbyterian Seminary. We desire to admit persons of outstanding Christian character and high intellectual ability for preparation for service to the church. Your evaluation of this applicant will be most helpful to us.

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

- I waive my right to inspect the contents of this recommendation.
- I do not waive my right to inspect the contents of this recommendation.

Signature _____ Date _____

SECTION 2 *(To be completed by the reference. Please complete all portions.)*

Name _____

Position or Title (if applicable) _____

Address _____

City/State/Zip or Postal Code/Country _____

E-mail _____ Phone () _____

How long, and in what capacities, have you known the applicant? _____

Please evaluate the applicant in the following areas by circling 4 for Excellent, 3 for Good, 2 for Average, 1 for Below Average, and N for No Information.

	Excellent	Good	Average	Below Average	No Information
Potential for effective leadership	4	3	2	1	N
Academic ability	4	3	2	1	N
Maturity	4	3	2	1	N
Imagination and creativity	4	3	2	1	N
Self-esteem	4	3	2	1	N

On a separate sheet of paper, please comment on the applicant's strengths and weaknesses for graduate studies and for ministry in the church, with particular reference to (1) Christian faith and commitment, (2) academic ability and achievement, (3) emotional stability, (4) sense of responsibility, (5) leadership experience and teamwork abilities, and (6) relationships with peers and those in authority.

Do you recommend this person for admission? Please check one:

- With strong enthusiasm
- With basic confidence
- With reservation
- Cannot conscientiously recommend
- Please call me for additional comment

Reference's Signature _____ Date _____