



# THE CONFIDENTIAL REFERENCE

*The individual providing this reference must be a non-family member and must have known the applicant for at least 2 years.*

\_\_\_\_\_ has applied for admission to NEBC. Your prayerful and honest response to the following questions will assist the Admissions Committee in evaluating this person for graduate studies. **If there is any matter that you think would hinder the applicant's ability to succeed in college education in a Christian environment of which the committee should be aware, please do not hesitate to note this in the "additional comments" section on the last page of this packet.**

Please type or print with black or blue ink and answer all items. Return the form directly to NEBC. Thank you for your assistance.

Name of Reference: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Relationship to applicant:  Teacher  Friend  Employer  Other: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Approximate date of close association: \_\_\_\_\_ to \_\_\_\_\_

Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?  No  Yes  
**If yes, please explain:**

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Please check the area that you feel would most apply to the applicant you're referencing.

	<u>Excellent</u>	<u>Above Avg.</u>	<u>Average</u>	<u>Below Avg.</u>	<u>Poor</u>	<u>No info.</u>
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance/neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Ability to relate to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any reservation about recommending this person for admissions?**

No  Yes – **if yes**, please explain:

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**If you were in a position to do so, would you employ this applicant in a work/ministry position?**  No  Yes – **if yes**, please explain:

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Please mail all of these forms directly to:

Northeastern Baptist College  
 PO BOX 4600  
 Office of Admissions  
 Bennington, VT 05201

If necessary, list other persons that you believe we should contact before giving approval to this applicant.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please use the following area to make any additional comments:

**NOTE: This form is confidential. It will not be released to anyone other than those directly involved with the Approval Process.**

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*The Office of Admissions may be reached at (802) 753-7233 Monday through Friday if you have any questions concerning your reference for the applicant.*

Please sign and date below, and please provide your position or title for your vocation.

\_\_\_\_\_  
 Signature Date Position or Title