

> Degree Completion Program Pastor's Reference Form



Part I

TO THE APPLICANT: Complete Part I of this Reference Form and then send it to your pastor to evaluate your ministry potential. Please provide a stamped envelope addressed to the School of Lifelong Learning, Degree Completion Program for your pastor.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ E-mail: _____

AUTHORIZATION FOR WAIVER – To be read and signed by the applicant. This waiver is not required as a condition of admission to Philadelphia Biblical University.

Notice: Public Law 93-380, the Family Education Rights and Privacy Act of 1974, grants all students the right to inspect and review all of their official records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

I waive my right to review this reference form.

I do not waive my right to review this reference form.

Signature of Applicant: _____ Date: _____

Failure to sign the above indicates the applicant has not waived his/her right to see this recommendation.

Part II

TO THE PASTOR: The person named above has applied for admission to Philadelphia Biblical University's Degree Completion Program. He/She gave your name as a reference to evaluate his/her ministry potential. Please complete Part II of this form and then mail it directly to the Degree Completion Program Office in the stamped and addressed envelope provided by the applicant. Your candid evaluation of this applicant will be appreciated. Thank you for taking the time to assist in the application process.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please give an evaluation of the applicant in the following areas:

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Honesty and personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social acceptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to serve God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

> Degree Completion Program Request for Official Transcript



Instructions

Official transcripts must be obtained by the student from each institution attended. Sealed transcripts should be sent directly to the School of Lifelong Learning Degree Completion Program by the institution(s).

Use this Request for Official Transcript form if requesting a transcript by mail. However, you will first need to contact the Registrar of the institution from which transcripts are being requested to determine what fee may be required in order to process the transcript request.

TO: THE REGISTRAR

Date: _____

Name of College (requesting transcript **from**): _____

Social Security # (used for ID purposes only): _____

Applicant's Full Name: _____
LAST FIRST MIDDLE

I was registered under the following name(s): _____

I was a student from: _____ to _____
START DATE (MONTH/YEAR) END DATE (MONTH/YEAR)

Street Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the release of my academic record and related material to the School of Lifelong Learning Degree Completion Program at Philadelphia Biblical University.

Signature: _____ Date: _____

This form may be photocopied if needed by more than one institution.

Please send one copy of my official transcript to: Philadelphia Biblical University
Degree Completion Program
200 Manor Avenue
Langhorne, PA 19047-2990