

PERSONAL REFERENCE FORM - TELEO UNIVERSITY

STUDENT'S NAME AND CONTACT INFORMATION *(To be completed by the applicant)*

Name: _____
First/Given Last/Family/Surname Former/Maiden Name

Email: _____ Phone: _____

Special Note: Public law gives you the right to review this reference form after you enroll at Teleo University. You may retain this right under the law, or you may choose to waive this right so that the answers given your reference may remain confidential. Please sign below if you wish to waive your right to review this form and ensure confidentiality.

Applicant's Signature: _____ Date: _____
Month / Day / Year

PERSONAL RECOMMENDATION RESPONSES *(To be completed by the personal reference)*

1. My relationship with the applicant is:
 friend family member co-worker employer/supervisor other _____

2. I have known the applicant:
 less than 1 year 1-2 years 3-5 years more than 5 years

3. The applicant's marital status is:
 single married divorced separated widowed

5. Please rate the applicant in each of the following areas. Circle the number that best represents where the applicant fits on a scale of 1-10 for each category. Or, if you are unsure in a category, circle "Do Not Know."

Ministry Commitment: *love for people, clear call to ministry, loyal to Christ and His church, a disciple maker*

unclear 1 2 3 4 5 6 7 8 9 10 Clear call to ministry Do Not Know

Personal Lifestyle: *approachable, appropriate personal appearance, a good manager of time and money*

unclear 1 2 3 4 5 6 7 8 9 10 clear Do Not Know

Family Life: *Makes time for family, the spouse is supportive (if married)*

poor 1 2 3 4 5 6 7 8 9 10 excellent Do Not Know

Honesty / Integrity: *good reputation, dependable, trustworthy, not greedy, acts appropriately with the opposite sex*

some concerns 1 2 3 4 5 6 7 8 9 10 high integrity Do Not Know

6. Is the applicant living a consistent Christian life? Yes No

7. How would you describe the applicant's role in ministry?
 Senior/Lead Pastor Assistant Pastor Elder/Church Leader Other: _____

8. How would you rate the applicant's commitment to disciple making and finishing the Great Commission?
 extremely high above average low or inconsistent I do not know

CONTACT INFORMATION FOR PERSON COMPLETING THE RECOMMENDATION

Name: _____
First/Given Last/Family/Surname Former/Maiden Name

City: _____ Country: _____

Email: _____ Phone: _____

Personal Reference Signature: _____ Date: _____
Month / Day / Year