

MAC PROGRAM ACADEMIC OR EMPLOYER REFERENCE QUESTIONNAIRE

To be Completed by the Applicant

Print your name, address, and telephone number in the space below. Please check whether or not you have waived the right to review the information contained in your admissions file, and give this questionnaire to your academic/employer reference to be returned to Graduate Admissions. References cannot be completed by a family member.

Applicant's Last Name _____ First Name _____ Middle Initial _____

Telephone Number () _____ Email _____

Mailing Address _____ City _____ State _____ Zip Code _____

I **have / have not** (circle one) waived the right to review my admissions file. Initial _____

To be Completed by the Academic or Employer Reference

Each Master of Arts in Counseling applicant must submit one reference questionnaire before being considered as a student. We value your comments and request that you give a full and candid report, so that fair consideration may be given to the applicant.

How long have you known the applicant? _____

How well do you know the applicant? (check where appropriate)

- | | |
|---|---|
| <input type="checkbox"/> By name/sight | <input type="checkbox"/> Casually/few personal contacts |
| <input type="checkbox"/> Very well/numerous personal contacts | <input type="checkbox"/> Know the family quite well |

Please describe how you became acquainted with the applicant and in what ways you have been associated with him/her. _____

Describe the applicant's outstanding abilities or talents. _____

Please comment if the applicant consistently reflects attitudes or behaviors which are in opposition to a biblical lifestyle. Describe how you became aware of these attitudes or behaviors. _____

In social relationships, the applicant is: Sought out Well-received Tolerated Avoided

Please comment or explain _____

This applicant's influence on his/her peers is: Positive Neutral Negative

Please comment or explain _____

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Please evaluate the applicant in the following areas:

	Excellent	Very Good	Good	Fair	Poor	Don't Know
Leadership	<input type="checkbox"/>					
Responsibility	<input type="checkbox"/>					
Christian Commitment	<input type="checkbox"/>					
Initiative	<input type="checkbox"/>					
Diligence	<input type="checkbox"/>					
Cooperation	<input type="checkbox"/>					
Social Adaptability	<input type="checkbox"/>					
Integrity & Honesty	<input type="checkbox"/>					
Service to Others	<input type="checkbox"/>					
Spiritual Life	<input type="checkbox"/>					
Moral Character	<input type="checkbox"/>					

Please comment on any of the above ratings. _____

Are there any emotional, spiritual, or academic characteristics that would hinder the applicant in an intensive academic environment?

Please share with us any information you may have about the applicant that would help in our evaluation. This information may cover recent experiences or incidents in the applicant's life, or could be a general personality appraisal. _____

Would you recommend that we accept this applicant? Yes No Don't Know

Reference Information

Name (please print) _____

Employer _____ Title _____

Work Address _____

City _____ State _____ Zip Code _____

Daytime Telephone Number _____ Evening Telephone Number _____

Signature _____ Date _____

Thank you for taking the time to complete this questionnaire. Your observations will assist us in our evaluation of the applicant. At your earliest convenience, please return to:

Cincinnati Christian University
Graduate Admissions
2700 Glenway Avenue, Cincinnati, OH 45204
or fax to: 513.244.8200
or email to: admissions@CCUniversity.edu