



**FORM B - PERSONAL REFERENCES**  
**FORM B-1 Undergraduate & Graduate**

**TO THE APPLICANT**

After completing all the relevant questions in the box below, please give this form to a teacher, a professor, or a pastor who has taught or known you for more than one year. If applying via mail, please also give him or her stamped envelopes addressed to GCU (6789 Peachtree Industrial Blvd., Atlanta, GA 30360).

Legal Name: \_\_\_\_\_  
*Last, First*

Semester: \_\_\_\_\_  
*Spring/Summer/Fall Year*

Address: \_\_\_\_\_  
*Number of Street City State Zip Code*

Date of Birth: \_\_\_\_\_  
*mm/dd/yyyy*

**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize the admission officers reviewing my application to contact my reference(s), should they have questions about the school documents submitted on my behalf.

I understand that under the FERPA (Family Education Rights and Privacy Act), after I matriculate, I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless of least one of the following is true:

1. The institution does not save recommendations post-matriculation (See list at <https://studentprivacy.ed.gov/>)
2. You may or may not waive your right-to-access below (mark one box), regardless of the institution to which they are sent:
  - Yes, I do waive my right to access, and I understand I will never see this form or any other recommendation submitted by me or on my behalf.
  - No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

**Required Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO THE TEACHER, PROFESSOR, OR PASTOR (SD applicant – to the professor from previous school)**

Georgia Central University finds candid evaluations helpful in choosing from highly qualified candidates. Please submit your references promptly and remember to sign below before mailing directly to Georgia Central University Office of the Admissions. Please feel free to attach an additional sheet or another reference to answer the following questions.

**Name (Mr./Mrs./Ms./Dr.)** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Number of Street City State Zip Code*

**Background Information & Questions**

1. How long have you known the applicant and in what context? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What are the first words that come to your mind to describe this applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Would you conscientiously recommend this applicant for admission here?  
\_\_\_\_\_

4. Please list the name and address of another person who might give us a competent assessment of this applicant?
- 

**Ratings:** Please rate the applicants on the following characteristic:

	Low 1	2	Average 3	4	Very High 5
Academic Achievement					
Concern for Others					
Consecration to God's Will					
Integrity					
Leadership Ability					
Maturity					
Motivation					
Moral Character					
Responsibility					
Respect					
Self Confidence					
OVERALL					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Evaluation:** Please write whatever you think is important about this student. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. We welcome any information that would help us to differentiate this student from others.

Please complete this form and mail to:

**The Office of Admissions**  
**Georgia Central University**  
 6789 Peachtree Ind. Blvd.  
 Atlanta, GA 30360  
 (P) 678-535-7771



**GEORGIA  
CENTRAL UNIVERSITY**

**FORM B - PERSONAL REFERENCES**

**FORM B-2 School of Divinity Applicant Only: Pastor (신대원 지원자용 – 목회자 추천서)**

**TO THE APPLICANT**

After completing all the relevant questions in the box below, please give this form to a teacher, a professor, or a pastor who has taught or known you for more than one year. If applying via mail, please also give him or her stamped envelopes addressed to GCU (6789 Peachtree Industrial Blvd., Atlanta, GA 30360).

Legal Name: \_\_\_\_\_  
*Last, First*

Semester: \_\_\_\_\_  
*Spring/Summer/Fall Year*

Address: \_\_\_\_\_  
*Number of Street City State Zip Code*

Date of Birth: \_\_\_\_\_  
*mm/dd/yy*

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**Required Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO THE PASTOR**

GCU School of Divinity finds candid evaluations helpful in choosing from highly qualified candidates. Please submit your references promptly and remember to sign below before mailing directly to Georgia Central University Office of Admissions. Please feel free to attach an additional sheet or another reference to answer the following questions.

**Pastor's Name (Mr./Mrs./Ms./Dr.)** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Number of Street City State Zip Code*

**Denomination:** \_\_\_\_\_ **Name of the Church:** \_\_\_\_\_

**Background Information & Questions**

1. How long have you known the applicant? \_\_\_\_\_
2. Do you feel confident that the applicant has a sense of drive leading into vocational Christian service?  
\_\_\_\_\_
3. Does the applicant have any personal habits, such as smoking or drinking, which might make him or her uncomfortable with school restrictions on life-style?  
\_\_\_\_\_
4. In what area of Christian work is the applicant now engaged? \_\_\_\_\_
5. Do you have any knowledge of financial responsibility on the part of this applicant?  
\_\_\_\_\_

6. Has the applicant ever been divorced, or is he/she married to a person who has been divorced? \_\_\_\_\_  
\_\_\_\_\_
7. If married, does the applicant's spouse support his/her commitment to the Christian ministry? \_\_\_\_\_  
\_\_\_\_\_
8. Please indicate any physical, mental, or personality deficiencies? \_\_\_\_\_  
\_\_\_\_\_
9. Would you feel comfortable having this applicant work in your church should the occasion arise?  
\_\_\_\_\_
10. Would you conscientiously recommend the applicant for admission? \_\_\_\_\_
11. Please list the name and address of another person who might give us a competent assessment of this applicant?  
\_\_\_\_\_

**Ratings:** Please rate the applicants on the following characteristic:

	Low 1	2	Average 3	4	Very High 5
Academic Achievement					
Concern for Others					
Consecration to God's Will					
Integrity					
Leadership Ability					
Maturity					
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Responsibility					
Respect					
Self Confidence					
OVERALL					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Evaluation:** Please write whatever you think is important about this student. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. We welcome any information that would help us to differentiate this student from others.

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