



**GEORGIA  
CENTRAL UNIVERSITY**

**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:

	<b>Low</b> <b>1</b>	<b>2</b>	<b>Average</b> <b>3</b>	<b>4</b>	<b>Very High</b> <b>5</b>
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