



Website : fcucharlotte.org

Email : fcuniversity2022@gmail.com

ACADEMIC RECOMMENDATION FORM

Application's Name _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

This form must not be completed by a family member

I hereby waive my right to inspect and review this recommendation. However, I understand that I am not obligated to sign this waiver under the terms of the Family Educational Rights and Privacy Act of 1974 as amended.

Applicant's Signature: _____ Date: _____

THIS PART TO BE COMPLETED BY THE PERSON SUBMITTING THE RECOMMENDATION

The above-named person has applied for admission to the Freedom Christian University. Before we can make our decision concerning the applicant, we need you, a credential minister, to complete this form. Please rate the application on each qualification below and, if you can, give concrete data to support your observation. Note that students are permitted access to the ministerial recommendation within their file unless the above waiver is signed. Since the applicant cannot be accepted until all recommendations have been received and evaluated, we will appreciate a prompt reply. Please return this form to the Enrollment Office.

Full name of the Student: _____

How long have you known this individual? less than 2 years more than 5 years

How did you come to know this individual? _____

Please check each line which best describes the individual.

- 1. Teachable: yes no
- 2. Dependable: yes no
- 3. Initiative: yes no
- 4. Attitude towards others: good indifferent
- 5. Would you consider the applicant to be an honest person? yes no
- 6. Please summarize your total impression of this applicant as a prospective graduate student. _____

