Professional reference forms must be completed by someone who is not a relative.

Part 1: To be filled out by the a	applicant				
Applicant's Information					
Please Print Name (Last, First, Middle):					
Home Phone:	Work Phone:				
Applicant's Waiver of Rights t	o Access				
admission, employment, or receipt of statements written in his/her behalf in the candidate, upon request, is notified her behalf. The Graduate Council does	honors to waive his/her right of access to confidential letters or fithe recommendation is used solely for the purposes of admission if ad of the names of all persons making such recommendations on his/s not require that you make such a waiver as a condition for ation you have the option of not signing such a waiver as follows:				
O Yes, I will waive my rights to acc	cess (sign below). O No, I do not waive my rights to access.				
Waiver:					
I hereby waive my rights to access this	recommendation and appropriate attachments that have been				
written by	(name of recommender) on behalf of my				
application for graduate admission to	Mount Vernon Nazarene University. The waiver is effective as the				
recommendation is used solely for the	e purpose of admission.				
Applicant's Signature:	Date:				
Mount Vernon Nazarene University has graduate admissions staff will be review appropriate, scores from standardized to professional promise, and so you are ask	individual writing the reference a selective admissions and personalized review process. Accordingly, the ving academic records including courses pursued, grades received, and, if ests. It is recognized that these alone cannot predict personal and sed to write this reference regarding qualities such as initiative, ty, social adjustment, and professional interest and goals.				
In what capacity have you known the	individual named above?				
How long have you known this individ	dual?				
Keeping in mind the qualities listed ab	pove, what do you consider to be this individual's chief strengths?				
	individual might have difficulty adjusting to graduate level				

In what area has this individual made place of employment?	· ·				rch, school, or	
Please add any additional comments t	hat will help t	he graduate	admissions	staff to know	this individual:	
Please select the most appropriate rating: Compared to other college graduates,		characteristic	cs with whic	h you are fam	iliar.	
	Top 5%	Top 10%	Top 25%	Middle 50%	Lower 25%	
Intellectual Ability	0	0	•	0	0	
Imagination and Creativity	•	0	•	0	•	
General Education Preparation	•	0	0	0	•	
Preparation in Major	0	0	0	0	•	
Interest and Enthusiasm	•	0	0	0	0	
Communication Ability	•	0	•	0	•	
For admission of this applicant to the  O I strongly recommend O I recon  Recommender's Information	mmend Olr	recommend w	ith some rese	rvation 🧿 I d	o not recommend	
Name:Place of Employment:						
Occupation:						
				Email:		
Important: At least one direct contact num						
Signature:		Date:				
Please mail or email your reference to the						
Thank you for your cooperation. Your	prompt reply i	s appreciated	d.			
Mount Vernon Nazarene University admit and activities, and administers all education policies without discrimination because of national or ethnic origin, or disability.	onal employme	nt and other	MO N A Z A	UNT ()	VERNON	
					Life Changing	

**GRADUATE AND PROFESSIONAL STUDIES**