



REFERENCE FROM TEACHER OR PROFESSOR

(LAST NAME OF APPLICANT) (FIRST) (MIDDLE)

1. How long have you known the applicant? _____ How well? _____

2. Have you taught this applicant? _____ For what course(s)? _____

3. How is this person regarded by peers? _____

4. How would you describe this applicant's character? _____

5. How would you describe this applicant's performance and attitude toward academics?

6. How would you describe this applicant's attitude toward authority and instruction?

Glad Tidings Gospel Ministry

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7. How would you describe this applicant's potential for success and dedication in a faith-based vocation? _____

8. Please describe the strengths and areas of challenge for this applicant:

ADDITIONAL DETAILS YOU WOULD LIKE TO SHARE ABOUT THIS APPLICANT:

** ALL INFORMATION IS CONFIDENTIAL **

(SIGNATURE)

(DATE)

(PRINTED NAME)

(NAME OF SCHOOL)

(ADDRESS OF SCHOOL)

***Please place your recommendation in a sealed envelope may mail it or email it to the address listed below. Thank you and God bless!**