

Cincinnati Bible Seminary

MINISTER REFERENCE QUESTIONNAIRE

To be Completed by the Applicant

Print your name, address, and telephone number in the space below. Please check whether or not you have waived the right to review the information contained in your admissions file, and give this questionnaire to your minister reference to be returned to Cincinnati Bible Seminary Admissions.

Applicant's Last Name _____ First Name _____ Middle Initial _____

Home Telephone Number _____ E-mail _____

Mailing Address _____ City _____ State _____ Zip _____

I ☐ have / ☐ have not waived the right to review my admissions file. Initials _____

To be Completed by Minister Reference

Each applicant for admission to Cincinnati Bible Seminary must submit three reference questionnaires before being considered as a student. We value your comments and request that you give a full and candid report, so that fair consideration may be given to the applicant.

1. How long have you known the applicant? _____

2. How well do you know the applicant? (check where appropriate)

- ☐ By name/sight ☐ Very well/numerous personal contacts
☐ Casually/few personal contacts ☐ Know the family quite well

3. Please describe how you became acquainted with the applicant and in what ways you have been associated with him / her. _____

4. Describe the applicant's outstanding abilities or talents. _____

5. Please comment if the applicant consistently reflects attitudes or behaviors which are in opposition to a biblical lifestyle. Describe how you became aware of these attitudes or behaviors. _____

6. In social relationships, the applicant is: ☐ Sought out ☐ Well-received ☐ Tolerated ☐ Avoided
Please comment or explain. _____

7. This applicant's influence on his / her peers is: ☐ Positive ☐ Neutral ☐ Negative
Please comment or explain. _____

8. Please evaluate the applicant in the following areas:

	Excellent	Very Good	Good	Fair	Poor	Don't Know
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please comment on any of the above ratings. _____

10. Are there any emotional, spiritual, or academic characteristics that would hinder the applicant in an intensive academic environment? _____

11. Please share with us any information you may have about the applicant that would help in our evaluation. This information may cover recent experiences or incidents in the applicant's life, or could be a general personality appraisal.

12. Would you recommend that we accept this applicant? ☐ Yes ☐ No ☐ Don't Know

Name (Please print) _____

Relationship to Applicant _____

Street Address _____ City _____ State _____ Zip _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

Signature _____ Date _____

Thank you for taking the time to complete this questionnaire. Your observations will assist us in our evaluation of the applicant. At your earliest convenience, please return it to:

**Seminary Admissions
Cincinnati Bible College & Seminary
PO Box 04320
Cincinnati, OH 45204-3200**

**or Fax to:
513.244.8434**