



# PERSONAL REFERENCE FORM

Applying for:

On-Campus Classes

Fall Semester  Spring Semester

Extended Studies – Off-Campus

## APPLICANT TO BE FILLED OUT BY APPLICANT.

Name: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of friend: \_\_\_\_\_

I am authorizing the release of the following information to be considered in my application for admission to Clarksville Theological Seminary and understand that the information will be held in confidence by the college and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Clarksville Theological Seminary by the person completing the information below.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REFERENT TO BE COMPLETED BY REFERENT.

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

How many years have you known the applicant?

\_\_\_\_\_ years \_\_\_\_\_ months

In what age category are you?

21–24  25–35  36–50  50+

In what capacity have you known the applicant?

Employer  Teacher  Principal

Pastor  Friend  Other

## REFERENT

Please use the following scale and questions to help us get to know the applicant, with 5 being excellent and 1 poor.

Involvement in the local church

5 4 3 2 1

Consistency in the Christian life

5 4 3 2 1

Character (Bible knowledge in action)

5 4 3 2 1

Ability to cooperate and work with others

5 4 3 2 1

Attitude and actions toward opposite sex

5 4 3 2 1

Desire for spiritual growth

5 4 3 2 1

Burden for the unsaved

5 4 3 2 1

Respect for authority

5 4 3 2 1

Leadership ability

5 4 3 2 1

Respect for authority

5 4 3 2 1

Intellectual ability

5 4 3 2 1

Dependability

5 4 3 2 1

Moral purity

5 4 3 2 1

Personal appearance

5 4 3 2 1

Values spiritual things

5 4 3 2 1

Handling of finances

5 4 3 2 1

## REFERENT

What do you consider to be the applicant's greatest strengths?

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What do you consider to be the applicant's greatest weaknesses?

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If you were a parent of a student who was the applicant's age, would you want your son or daughter to be closely associated with the applicant? Why? (Answer for on-campus students only)

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Does the applicant's life indicate a conviction to live biblically and demonstrate separation from the actions, attitudes, and things of the world? If not, please explain.

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Do you know of anything in the moral life of the applicant, past or present, which should enter into this evaluation? If so, please explain.

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Is the applicant dating, engaged, or considering marriage?

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Is there additional information which, in your opinion, would especially qualify or disqualify the applicant from preparing for or entering Christian service?

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Signature of Referent: \_\_\_\_\_

Date: \_\_\_\_\_

## REFERENT

THIS FORM SHOULD NOT BE RETURNED TO THE APPLICANT.  
AFTER COMPLETION, PLEASE SCAN, FAX, OR MAIL TO:

Clarksville Theological Seminary  
Director of Admissions  
PO Box 535  
Clayton, NC 27528  
Fax: 919.359.0016  
Email: info@ourclarksville.com