

BIBLE PROGRAM ADMISSION SPIRITUAL LEADER RECOMMENDATION OHIO VALLEY UNIVERSITY

NOTE TO THE STUDENT: PLEASE COMPLETE THE TOP PART OF THIS FORM.

Date _____

Student's Name _____
Last
First
Middle
Student ID#

___ Est. ___ Actual number of hours completed _____ (through _____) _____ date

In completing this form and submitting it to a person I have chosen to provide a recommendation, I agree to have this information released to the School of Biblical Studies at Ohio Valley University.

I ___waive ___do not waive [check one] my right to have access to this information.

Applicant's Signature

Please print your name above

TO THE PERSON PROVIDING THE RECOMMENDATION:

Please complete the following information and return directly to:

Ohio Valley University
Bible Program Director
1 Campus View Drive
Vienna, WV 26105

The Student has also been encouraged to request from you a letter of reference. Thank you for your assistance.

	Very Good	Acceptable	Unacceptable	Not Observed
Professional Behavior	[]	[]	[]	[]
Punctuality	[]	[]	[]	[]
Responsibility/Dependability	[]	[]	[]	[]
Attitude/Interest in Ministry	[]	[]	[]	[]
Verbal Expression	[]	[]	[]	[]
Written Communication Skills	[]	[]	[]	[]

Please use the space below and the back of this sheet to explain behaviors rated as "Unacceptable" or for general comments about the applicant's suitability or capacity for completing a degree in Bible from Ohio Valley University.

[] Recommended [] Not Recommended [] Please call me [] See back of sheet

Signature

Please print your name above

Phone [] Day [] Evening

Today's Date