



# THE COLLEGE AT SOUTHEASTERN

A School of Southeastern Baptist Theological Seminary

## CONFIDENTIAL PASTORAL REFERENCE FOR ADMISSION

*The individual providing this reference must be a non-family member  
and must have known the applicant for at least 1 year.*

\_\_\_\_\_ has applied  
(Applicant's full name) (Date of Birth)  
for admission to The College at Southeastern. Your prayerful and honest response to the following questions will assist the Admissions Committee in evaluating this person for undergraduate studies.

**If there is any matter that you think would hinder the applicant's ability to succeed in collegiate education in a Christian environment of which the committee should be aware, please do not hesitate to note this confidentially on the reverse side of this form.**

Please type or print with black or blue ink and answer all items (front and back) below. Return the form directly to the College. Do not return this form to the student. Thank you for your assistance.

Name of reference \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_ Approximate dates of close association: \_\_\_\_\_ to \_\_\_\_\_

	Excellent	Above Avg	Avg	Below Avg	Poor	No Info
Christian character	_____	_____	_____	_____	_____	_____
Christian commitment	_____	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____	_____
Moral judgment	_____	_____	_____	_____	_____	_____
Academic ability	_____	_____	_____	_____	_____	_____
Personal appearance/neatness	_____	_____	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____
Common sense	_____	_____	_____	_____	_____	_____
Financial responsibility	_____	_____	_____	_____	_____	_____
Sensitivity to others	_____	_____	_____	_____	_____	_____
Ability to relate to others	_____	_____	_____	_____	_____	_____
Sense of humor	_____	_____	_____	_____	_____	_____
Sense of maturity	_____	_____	_____	_____	_____	_____

**Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?** \_\_\_\_ No \_\_\_\_ Yes If your answer is yes, please explain:

**Do you have any reservation about recommending this person for admission?** \_\_\_\_ No \_\_\_\_ Yes If your answer is yes, please explain:

**If you were in a position to do so, would you employ this candidate in a ministry position?** \_\_\_\_ No \_\_\_\_ Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position or Title

Please mail directly to: The College at Southeastern  
Admissions Office  
P. O. Box 1889  
Wake Forest, NC 27588-1889

If necessary, list other persons that you believe we should contact before giving approval to this applicant.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

**NOTE:** This form is confidential. It will not become a part of the student's permanent file and will not be released to anyone other than those directly involved with the admissions process. Please add in the space below any further comments that you want us to consider in the admission process for this candidate. The Director of Admissions may be reached at (919) 761-2281.

**Additional Comments**