

Name of Applicant \_\_\_\_\_  
LAST FIRST (MAIDEN/MIDDLE)

Address \_\_\_\_\_

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

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone # \_\_\_\_\_

Your position at above \_\_\_\_\_

How long have you held this position? \_\_\_\_\_

- Program:  Associate of Arts  Associate of Arts in Biblical Studies  Associate of Arts in Christian Ministries  
 Certificate in Biblical Ministry  Bachelor of Arts in Biblical Ministries  Bachelor of Health Administration  
 Bachelor of Arts in Social Services  Bachelor of Science in Management  Bachelor of Business Administration  
 Master of Education  Master of Science in Leadership  Master of Arts in Teaching  
 Master of Business Administration

Recommender's Name \_\_\_\_\_  
LAST FIRST (MAIDEN/MIDDLE)

### To the Applicant:

The Educational Rights and Privacy Act, as amended, allows a candidate for admission to waive her/ his rights of access to confidential letters or statements written on his/ her behalf if the recommendation is used solely for purposes of admission or financial aid and if the candidate, upon request, is notified of the names of all persons making such recommendations on her/his behalf. The school does not require that you make such a waiver as a condition for admission or financial aid. Under the legislation you are free to choose to maintain your right of access to this recommendation or waive that right. I hereby waive my right of access to this recommendation and authorize the person named above (recommender) to provide a candid evaluation of all relevant information to Belhaven University.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

- I do not waive my right of access to this recommendation and authorize the person named above to provide a candid evaluation of all relevant information to Belhaven University.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

### To the Recommender:

If the applicant has not signed this form on one of the lines above indicating his/her choice regarding access, please return the form to the applicant before completing the recommendation.

What is your relation to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In your opinion, is the applicant qualified for the program to which they are applying? If no, please explain (in notes or in attached form).

- Yes  No

### Mail to:

Belhaven University  
Adult and Graduate Programs  
5200 Vineland Road  
Suite 100  
Orlando, FL 32811

For questions call:  
(407) 804-1424

