

APPLICANT'S NAME: (last, first, M.I.)

APPLICANT'S COLLEGE:

ADMISSION APPLICATION FOR: (please tick one):

Belize

South Pacific

Instructions to Applicant: Please complete the information above. Then be sure to sign one of the following statements before giving this reference form to your faculty reference to complete.

I HEREBY WAIVE any claim to access this faculty reference form written on behalf of my application to the Creation Care Study Program.

Applicant's Signature: _____ Date: _____

I DO NOT WISH TO WAIVE any claim to access this faculty reference form written on behalf of my application to the Creation Care Study Program.

Applicant's Signature: _____ Date: _____

Instructions to Faculty: The student named above has applied for participation in the Creation Care Study Program. Please know that your recommendation is a vital part of the student's application process. Your candid comments in the following areas are crucial. Please complete this form (or you may attach a letter) as soon as possible since applicants are considered on a rolling admission basis. When completed, please send to the Creation Care Study Program address at the bottom. Please address the following:

How long have you known this student and in what capacity?

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Level of Christian maturity, commitment and understanding

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Level of emotional maturity

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Eagerness to learn and ability to work independently

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Consideration of others

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Teachability and personal responsibility

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Leadership ability

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Campus involvement

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Ability to deal with the challenge of living, learning and serving in the international context of CCSP Belize/South Pacific

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Additional remarks or other issues we should be aware of:

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- Highly Recommend Recommend Recommend with Reservation Do Not Recommend

Signature:

Date:

Full Name (please print):

Position:

Phone:

College/University: