

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 Bachelor of Business Administration Bachelor of Health Administration
 Bachelor of Arts in Social Services Bachelor of Science in Management
 Master of Business Administration Master of Public Administration Master of Science in Leadership
 Master of Education/ Concentration: Elementary (4-8) or Secondary (8-12)
 Master of Arts in Teaching / Concentration: Elementary (4-8) or Secondary (8-12) *North Mississippi only*
 Memphis Center for Urban Theological Studies: Certificate in Biblical Ministry
 Associate of Arts in Biblical Studies Associate of Arts in Christian Ministries Bachelor of Arts in Biblical Ministries
 Bachelor of Arts in Social Services-Christian Ministry

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

