

## BIBLE PROGRAM ADMISSION RECOMMENDATION FROM FACULTY MEMBER 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 Class	[ ]	[ ]	[ ]	[ ]
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