



COLLEGE OF PROFESSIONAL AND GRADUATE STUDIES PERSONAL REFERENCE

Applicant's Name: Julie Foster

TO BE COMPLETED BY THE APPLICANT

Applicant may waive the right to inspect and review letters or recommendations by signing a waiver. The following statement indicates the wish of the applicant requesting this particular recommendation.

I, the undersigned, DO / waive any right to inspect the content in this recommendation.

Applicant's Signature: Julie Foster Date 5/12/2026

II. TO BE COMPLETED BY SELECTED REFERENCE

The above-named applicant has applied to teach at Southern Nazarene University and has requested your assistance in the process. Your assistance in supplying information is greatly appreciated.

- How long have you known the applicant, and in what connection?
- Do you believe the applicant knows Christ as Savior? X Yes No I don't know
- Is the applicant living a consistent Christian life? X Yes No I don't know
- Do you have any reason to question the applicant's moral life? Yes X No I don't know
If yes, why?
- Have you sat under the applicant's teaching? Yes X No
- I believe the applicant's ability to teach at the college level is:
X Exceptional Good Fair Poor I don't know
- Please evaluate the applicant in the following areas:

	Excellent	Good	Fair	Poor	I don't know
Responsibility	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral character	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to others	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on your knowledge of the applicant, indicate your level of recommendation:

X Highly recommend Recommend Recommend with Reservations Do not recommend

Print Name _____

Occupation _____

Phone _____

Email _____

Signature _____

Check if you need someone to contact you regarding this reference

Thank you for taking the time to complete this form. Please return as soon as possible:

Mail hard copy to:
 Southern Nazarene University
 ATTN: Paula Troutman
 6729 NW 39th Expressway
 Bethany OK 73008

OR

Email scanned copy to:
ptroutma@mail.snu.edu
 Subject line: Reference for George Holderman