Reference Form
Church Leader for International Students

Undergraduate

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901
FAX (714) 681-7423
Email: undergrad@hiu.edu

UNDERGRADUATE ADMISSION

(Applicant must fill out to dotted line and sign before giving to church leader. The church leader must not be related to you.)

Applicant Name_____ _____ - _____ - _____
Last First Middle Social Security Number

Address _____
Street City State Zip

Initial one:

_____ I waive my right of access to see this recommendation. (A waiver is not required as a condition for admission.)

_____ I do not waive my right of access to see this recommendation.

_____
Applicant's Signature (Required) *Date*

The individual named above has applied for admission to Hope International University. Please provide an evaluation of this person by completing this form to the best of your understanding.

1. How long have you known the applicant? _____

2. What has been/is your relationship to the applicant? _____

3. How well do you know the applicant? (circle one) quite well well casually

4. Please rate the applicant according to your assessment by checking the appropriate box:

	Very Low	Modest	Good	Very Good	Outstanding	Unable to Judge
Academic Ability						
Strength of Character						
Degree of Motivation						
Emotional Maturity						
Spiritual Maturity						
Possibility of Success in College						

Fill out <u>BOTH SIDES</u> of this form. ***Return completed reference to Hope International University, Attn:***
Undergraduate Admission • 2500 E. Nutwood Ave., Fullerton, CA 92831 USA

5. Briefly summarize your evaluation of this individual, explaining particular weaknesses and strengths.

WEAKNESSES:

STRENGTHS:

6. Please check one of the following:

- ❑ I recommend admission without reservation
- ❑ I recommend admission
- ❑ I recommend admission with some reservation
- ❑ I do not recommend admission

NOTE! If you checked either of the alternatives in the right hand column, please explain or contact the Admission Office at 1-800-762-1294 ext. 2235.

Your Name (please print)_____

Signature_____ Date _____

Church _____

Position _____

Work Phone (_____) _____ - _____ Home Phone (_____) _____ - _____ Email: _____

Home Address _____

Street *City* *State* *Zip Code*

Hope International University's mission is to empower students through Christian higher education to serve the Church and impact the world for Christ.

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