



School of Graduate Studies

Graduate Reference

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(800) 762-1294
FAX (714) 681-7450

This form may be duplicated or a separate letter of reference may be used. Reference letters must not be dated over 6 months.

Name of Candidate _____ Date _____
Last First Middle

I, _____, waive my right of access to see this letter of reference.
Student Signature

I, _____, do not waive my right of access to this letter of reference.
Student Signature

The above-named candidate has applied for admission to the ☐ Education ☐ Ministry ☐ Management ☐ Marriage/Family Therapy Program at Hope International University. Please complete this form to the best of your ability and mail it to the address below.

How long have you known the candidate? _____

In what capacity? _____

Compared to individuals you have known at a similar level of development, please rate the candidate on the following items by checking the appropriate box.

	Excellent	Good	Fair	Weak	N/A
Academic Ability					
Communication Skills					
Cooperation					
Creativity					
Dependability					
Leadership					
Motivation					
Potential for Success in Education					

Comments (use back of page if necessary):

Name _____ Phone _____

Address _____ Institution/Employer _____

Position _____

Signature Date

Mail this form to the School of Graduate Studies, Hope International University, 2500 E. Nutwood, Fullerton, CA 92831.

51304703

HOPE INTERNATIONAL UNIVERSITY
SCHOOL OF GRADUATE STUDIES
2500 E. NUTWOOD AVE.
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