



UNDERWOOD
UNIVERSITY

Office of Admissions

Form H -- PERSONAL RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT (Please Print)

Applicant's Last Name _____ First _____ Middle _____

Address: _____

I plan to enroll: ☐ Fall (Aug) 20____ ☐ Spring (Jan) 20____ ☐ Summer (May) 20____

Signature of Applicant: _____

TO BE COMPLETED BY PERSONAL REFERENCE

The person named above is applying for admission to Underwood University. Your reference will play an important part in the admissions process. Please be honest, fair and accurate in your remarks and estimation. A FAMILY MEMBER cannot fill out this reference.

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? (check one)

☐ Friend ☐ Teacher ☐ Employer ☐ Church Leader ☐ Other: _____

3. How well do you know the applicant? (check one)

☐ Slightly ☐ Casually ☐ Fairly Well ☐ Close Personal Relationship

4. What are the applicant's strengths and personal abilities?

5. Is there anything in the ethical or spiritual life of the applicant, past or present, that you feel should enter into this evaluation?
If so, please explain.



UNDERWOOD
UNIVERSITY

6. Please indicate your perception of the applicant by checking the appropriate box in each area listed:

	Excellent	Good	Average	Below Average	Not Sure
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Do you have any additional comment about the applicant?

Thank you for your consideration and time in completing this reference. Your assistance is greatly appreciated.

Full Name _____ Position _____

Organization _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Signature Date

* May we contact you if we have any further questions regarding the applicant: ☐ Yes ☐ No