



# PERSONAL/CHRISTIAN LEADER REFERENCE FORM

## TO THE STUDENT

**Please note:** This form should be received as soon as possible to give the applicant the best possible admissions consideration.

Complete the following section and give this form as soon as possible to someone who has observed you in a Christian setting for a reasonable period of time. This should be someone who is fairly well acquainted with you spiritually. If no such person is applicable to you, please give it to someone who can attest to the personal characteristics listed below. Do not use a relative or peer as a reference. Please furnish the evaluator with a stamped envelope, using the address at the bottom of the second page.

Last Name	First Name	Middle Name	Social Security Number	
Address: Number & Street	City	State/Province	Postal Code	Country

The Family Educational Rights and Privacy Act of 1974 permits a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your rights to access your file, sign your name in the space provided. The waiver is NOT required as a condition of admission. ***I hereby waive my right of access to this letter of recommendation.***

Applicant's Signature	Date
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## TO THE EVALUATOR

This student is applying for admission to Azusa Pacific University. The Office of Undergraduate Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that the sooner you return this form to APU, the sooner we can give this student our admission decision. Thank you.

**Please rate the applicant in each of the following areas:**

	Superior	Above Average	Average	Below Average	Not Applicable
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	Superior	Above Average	Average	Below Average	Not Applicable
Ability to work with others					
Dependability					
Emotional stability					
Leadership					
Personal integrity					
Spiritual maturity					
Overall evaluation					

***Continued...***

# ***PERSONAL/CHRISTIAN LEADER REFERENCE FORM (continued)***

Please include additional comments to expand or qualify your appraisal of the applicant. \_\_\_\_\_

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Please indicate any area(s) in which the applicant might need special attention from APU staff/faculty. \_\_\_\_\_

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How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

I  *recommend*  *do not recommend*  *recommend with reservation* this individual for enrollment at APU.

First Name	Middle Name	Last Name	Position/Occupation	
Phone	Email Address			
Address: Number & Street	City	State/Province	Postal Code	Country
Evaluator's Signature		Date		

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## ***PLEASE RETURN TO:***

Office of Undergraduate Admissions  
Azusa Pacific University  
PO Box 7000  
Azusa, CA 91702-7000

