
Student Information *(To be completed by applicant)*

Print **your name and address** in the space below and give this form to the person providing a reference. This should be an individual who is familiar with your Christian walk, professional conduct and potential as a student. Must be someone who has known you for at least **one year** and is **not a relative**, preferably a pastor or other Christian leader in the current church you attend.

Last	First	Middle		
Address	City	State	Zip	

I waive my right to review this form once submitted to Corban University.

What program are you applying for?

The Corban MBA

Master of Science in Education

Graduate Teacher Licensure program

Master of Arts in Counseling

Bachelor's in Business

Bachelor's in Psychology

Recommendation *(To be completed by evaluator)*

The individual whose name appears above is required to provide a reference prior to being admitted. Students are admitted on the basis of academic, professional and personal qualities; therefore, your evaluation will be appreciated.

1. How long have you known the applicant and in what capacity? *(Be Specific)*

2. What is your perception of the applicant's potential for success in school?

3. What evidence do you see in the applicant's life that demonstrate spiritual maturity and growth in their Christian walk?

Qualities

Superior Above Average Average Below Average

Intellectual Abilities

Oral and Written Expression

Emotional Maturity

Desire to Achieve

Concern for Others

Christian Character

Leadership Potential

Creativity

Personal Integrity

Please feel free to expand or qualify any of your evaluative marks concerning the applicant.

Evaluator's Name _____

Phone (_____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Position or Occupation _____ Employer or Organization _____

Church _____ Leadership Position _____

May we contact you if we need clarification concerning this form? Yes No

I am a graduate of Corban University Other _____

Signature

Date

Please Return to:

CORBAN UNIVERSITY

OFFICE OF GRADUATE & ONLINE ADMISSIONS

5000 Deer Park Drive SE | Salem, OR 97317-9392
800-764-1383 | 503-589-8195 | Fax 503-585-4316