

Personal Reference

(Please note: no action will be taken on your application until this form is returned)

TO THE APPLICANT:

Complete the section below and have a person who has observed you in a personal setting, for a reasonable period of time, complete the reference section. This should be someone who is fairly well acquainted with you, preferably a teacher, employer, or other responsible adult. Please do not use a relative as a reference.

Applicant's Name _____

Address _____

Email _____ Phone _____

☐ I willingly waive my right to review this recommendation to better enable the person completing this form to do so without reservation.

Applicant's Signature _____ Date _____

TO THE PERSON RECOMMENDING:

As an applicant, the student named above is required to submit a personal recommendation. Corban University requests your evaluation of this applicant's character. **Please complete and return promptly to: Office of Admissions, Corban University, 5000 Deer Park Drive SE, Salem, OR 97317-9392, USA.** You may also fax both sides of this form to 503-585-4316. If you wish to speak to an admissions counselor about this applicant, please call 1-503-375-7005 between 8 a.m.–5 p.m. PST or email admissions@corban.edu.

1. How long have you known the applicant? _____

2. How well do you know the applicant? ☐ Close personal relationship ☐ Fairly Well ☐ Casually ☐ By name only

3. What is your relationship to the applicant? _____

4. Do you believe the applicant is well-prepared emotionally to study and live in the United States? _____

Why? _____

5. With regard to the family background, please briefly give us any information which might be helpful in understand his/her needs. _____

6. Please check the area for each category which, in your opinion, best describes the applicant:

| | Very Poor | Below Average | Average | Above Average | No Response |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Moral Character/Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. How would you describe the applicant's ability to succeed in college, both academically and socially? _____

8. Has the applicant had any disciplinary, criminal, or social problems? If yes, please comment. _____

9. How would you rate the applicant's English ability? (circle response)

Reading: Excellent Good Poor

Writing: Excellent Good Poor

Speaking: Excellent Good Poor

10. Please add any additional recommendations or comments. _____

11. Your recommendation of this applicant to Corban University:

☐ Highly Recommend ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend

PERSONAL INFORMATION (please print)

Your Name _____

Address _____

Email _____ Phone _____

Signature _____ Date _____

Mail this completed form directly to:
Office of Admissions, Corban University
5000 Deer Park Drive SE, Salem, OR 97317-9392
Of fax both sides to: 503-585-4316