



Christian Character Reference Form

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?

- | | | |
|---|---|---|
| <input type="checkbox"/> The Corban MBA | <input type="checkbox"/> Master of Science in Education | <input type="checkbox"/> Graduate Teacher Licensure program |
| <input type="checkbox"/> Master of Arts in Counseling | <input type="checkbox"/> Bachelor's in Business | <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Written Expression	<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"/>
Desire to Achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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