

evangeluniversity

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COMPLETE & RETURN WITH AN OFFICIAL TRANSCRIPT TO:

1111 N. GLENSTONE AVE. | SPRINGFIELD, MO 65802-2191

1.800.EVANGEL | www.evangel.edu

ACADEMIC REFERENCE

REQUIRED OF ALL HIGH SCHOOL STUDENTS

To the Applicant: Please provide your name and sign the waiver below. Submit this form to your guidance counselor, teacher or college professor (core classes only, please) along with the enclosed envelope. This form must be completed by a non-relative.

APPLICANT'S NAME _____

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER _____

PHONE NUMBER _____

I waive my right to review this recommendation so that the person completing this form may do so without reservation.

SIGNATURE OF APPLICANT _____

DATE _____

To the Academic Advisor: In order to determine an applicant's eligibility for admission, Evangel University requests your evaluation of his or her academic and social abilities. Please complete and sign this form and return it to Evangel University with an official copy of the student's academic transcript. If the applicant is a high school student, please send copies of ACT or SAT scores. We respect your position in conducting the evaluation. If you wish to speak with an admissions counselor about this applicant, please call 1-800-EVANGEL.

REFERENCE NAME _____

TITLE OR SUBJECT TAUGHT _____

SCHOOL NAME _____

SCHOOL ADDRESS: CITY, STATE & ZIP _____

TELEPHONE _____

EMAIL _____

How long have you known the applicant? _____

How well do you know the applicant? VERY WELL WELL CASUALLY **Applicant's GPA:** ____ on ____ scale

Please rate the applicant in the following areas:

	EXCEPTIONAL	GOOD	AVERAGE	BELOW AVERAGE	UNABLE TO ASSESS
ORAL EXPRESSION					
WRITTEN EXPRESSION					
COGNITIVE SKILLS					
ORGANIZATIONAL SKILLS					
MOTIVATION					
MATURITY					
DEPENDABILITY					
INTEGRITY					
CONCERN FOR OTHERS					
EMOTIONAL STABILITY					
COLLEGE SUCCESS POTENTIAL					

COMMENTS _____

Your recommendation of this applicant to Evangel University:

STRONGLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATION DO NOT RECOMMEND

SIGNATURE _____

DATE _____

Please fax completed form to (417) 865-9599 or mail to:

Office of Admissions

Evangel University

1111 N. Glenstone

Springfield, MO 65802-2191