

evangeluniversity

boldlychristian. unquestionablyacademic.

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

1.800.EVANGEL | www.evangel.edu

EMPLOYER REFERENCE

FOR NON-TRADITIONAL AND TRANSFER STUDENTS

To the Applicant: Please provide your legal name and sign the waiver below. Submit this form to your employer (with a stamped envelope addressed to the Office of Admissions.) 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 Employer: In order to determine this 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. We respect your position in conducting the evaluation. If you wish to speak to an admissions counselor about this applicant, please call 1-800-EVANGEL. Thank you.

REFERENCE NAME _____

TITLE _____

PLACE OF EMPLOYMENT _____

TELEPHONE _____

ADDRESS: CITY, STATE & ZIP _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

EMAIL _____

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 return completed form to:

Office of Admissions • Evangel University • 1111 N. Glenstone • Springfield, MO 65802-2191

This form may be faxed to (417) 865-9599 or (417) 520-0545