

Please complete all portions of the reference form, using "N/A" for fields which do not apply.
For help with this form, please call 877-762-8669 to speak with an Admissions Counselor.

TO BE COMPLETED BY APPLICANT

Applicant Name

*By signing below, the applicant may waive the right to review his/her letters of recommendation.
I (undersigned) waive any right to inspect the content in this letter of recommendation.*

Applicant Signature

Date

TO BE COMPLETED BY SELECTED REFERENCE

The above-named applicant has applied for admission to Ohio Christian University and has listed you as a reference. Your assistance in supplying any significant information will be greatly appreciated.

1. How long have you known the applicant, and in what capacity?

2. How well do you know the applicant? By name/sight Casually/few personal contacts Very well

3. Do you believe the applicant knows Christ as Savior? Yes No I Don't Know

4. Is the applicant living a consistent Christian life? Yes No I Don't Know

What evidence have you observed?

5. Do you have any reason to question the applicant's moral life? Yes No If yes, please explain:

6. Briefly describe the applicant's home life:

7. The applicant is mature enough to adjust to a college community. Agree Disagree

8. I believe the applicant's ability to perform college work is: Exceptional Good Fair Poor

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS

	Excellent	Very Good	Good	Fair	Poor	Don't Know
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Commitment	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Service to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL RECOMMENDATION

Based on your knowledge of the applicant, indicate your level of recommendation:

Highly Recommend
 Recommend
 Recommend with Reservations
 Do not Recommend

COMMENTS

Reference Name (please print) I am an OCU/CBC Alumnus.

Address

City State/Zip

Phone Email

Signature Date

- I would like to discuss this recommendation by phone.
- Please send me an Ohio Christian University Information Packet.

Thank you for your reference. Please return the completed form to the OCU Enrollment office at your earliest convenience.

Ohio Christian University Admissions
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 Email: enroll@ohiochristian.edu
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