

OFFICE OF UNDERGRADUATE ADMISSIONS
503.375.7005 | 503.585.4316 fax | admissions@corban.edu

FOR YOU, THE APPLICANT:

Please fill out your information below and pass this form on to your Pastor, Youth Director or someone who is familiar with your testimony and spiritual development. This person should have known you for at least one year and must not be a relative.

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone (_____) - _____ - _____ Cell Phone (_____) - _____ - _____

I waive do not waive my right to review this recommendation.

Signature _____ Date _____

TO THE PERSON RECOMMENDING:

This student is applying to Corban and has asked you to submit a reference. Please return this evaluation of the applicant's spiritual character to the address below. We can only give the student an admission decision once we have received this reference. Your input is extremely valuable and we appreciate your assistance. Thank you.

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. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ? yes no I don't know

4a. If your answer to #3 is "yes," to the best of your knowledge is the applicant striving to live a Christian life? yes no

4b. If your answer to #3 or #4 is "no" or "I don't know," please comment. _____

5. What spiritual gifts are evident in the applicant's life? _____

6. Indicate the applicant's church involvement. youth group Sunday School music leadership regular attender other

7. What are the applicant's strengths? _____

8. Please give a brief overview of the applicant's Christian life and character. _____

9. Please give any family background information which might help us understand the applicant's needs. _____

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

	Strongly Agree	Agree	Unsure/Neutral	Disagree	Strongly Disagree
Motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerned for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influences others for good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepted by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discerning in behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

12. Has the applicant had any disciplinary, criminal or social problems? yes no

If yes, please comment. _____

13. Recommendation for admission: highly recommend recommend recommend with reservations do not recommend

Please write any additional comments on an attached sheet.

REFERENCE PROFILE

Reference Name _____ (Please Print) Position/Title _____

What is your relationship to the Applicant? _____

Address _____ City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

Signature _____ (Reference) Date _____

Mail the completed form directly to: Office of Undergraduate Admissions
Corban University
5000 Deer Park Drive SE
Salem, OR 97317-9392