

SOUTHEASTERN UNIVERSITY

Christian Character Reference for Undergraduate Studies

1000 Longfellow Blvd. Lakeland, Florida 33801-6034 toll free 800.500.8760 fax 863.667.5200

Applicant Information

For SEU office use: ID#

Please complete this section and then give this form to a pastor, former pastor, Bible study leader, or church lay-leader. This assessment should be completed by an individual who knows you well and can provide the Admission Committee with a candid assessment of your Christian maturity. *(The individual may not be a relative).*

Applicant Name _____ Date of Birth ____/____/____
Last First Middle

Street/P.O. Box _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Applicant Signature _____ Date _____

Recommendation

The above named applicant is applying to Southeastern University. Your candid assessment of the applicant's spiritual maturity and personal qualities will be of significant value to the Admission Committee. Please complete and return this form as quickly as possible. Thank you!

How long have you known the applicant? _____

In what context? _____

To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No

Please describe how involved the applicant has been in the activities of your church or ministry. Include specific service opportunities and leadership positions.

Please describe the applicant in the following areas:

	<i>Outstanding (top 5%)</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<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"/>
Influence on Others	<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"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness for College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant possess any attitudes or participate in any behaviors that are inconsistent with Southeastern's standards?

Additional information which may assist the Admission Committee: _____

For admission to Southeastern University, this applicant is recommended:

With Enthusiasm Strongly Fairly Strongly With Reservation Not Recommended

Print Name _____ Position/Title _____

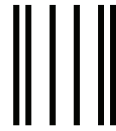
Church/Organization _____ Telephone (____) _____

Street/P.O. Box _____ City _____ State _____ Zip _____

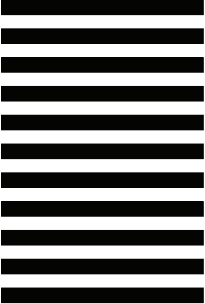
Signature _____ Date _____

Thank you for your assistance. Please return the completed reference to Southeastern University. For mailing, fold this form along the dotted lines and tape closed.

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