

# Academic Reference

*A. This portion to be completed by applicant.*

Complete section A and give this form to someone who has observed you in an academic setting for a reasonable period of time. This should be an instructor from a recently completed course or an academic advisor. Please *do not* use a relative as a reference. Please furnish the evaluator with a stamped envelope addressed to: Office of Undergraduate Admissions, **Azusa Pacific University**, 901 E. Alostia Ave., PO Box 7000, Azusa, CA 91702-7000.

Applicant's name \_\_\_\_\_  
last first middle Social Security #

Address \_\_\_\_\_  
street city state ZIP

The Family Educational Rights and Privacy Act of 1974 permits a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your rights to access your file, sign your name in the space provided. The waiver is NOT required as a condition of admission.

*I hereby waive my right of access to this letter of recommendation.*

\_\_\_\_\_ date  
applicant's signature

*B. This portion to be completed by a current or recent instructor.*

The above named applicant is applying for admission to Azusa Pacific University. The Office of Undergraduate Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that your prompt appraisal of the candidate will help to ensure full consideration. Thank you.

1. Please rate the applicant in each of the following areas:

	Superior	Above average	Average	Below average	Not applicable
Creativity					
Critical thinking					
Motivation/initiative					
Oral expression					
Overall evaluation					
Reading comprehension					
Writing					

2. Please include additional comments to expand or qualify your appraisal of the applicant. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Please indicate any area(s) in which the applicant might need special attention from APU staff/faculty.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

4. How long have you known the applicant? \_\_\_\_\_

5. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

6. I [ ] recommend [ ] do not recommend [ ] recommend with reservation this individual for enrollment at APU.

Name \_\_\_\_\_ Position/Occupation \_\_\_\_\_
first middle last

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_
street city state ZIP

\_\_\_\_\_
signature

\_\_\_\_\_
date

Please return to:



AZUSA PACIFIC
UNIVERSITY

Office of Undergraduate Admissions
901 E. Alostia Ave.
PO Box 7000
Azusa, CA 91702-7000
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626-812-3016
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