

Personal Reference

A. This portion to be completed by applicant.

Complete section A and give this form to someone who has observed you in a personal setting for a reasonable period of time. This should be someone who is fairly well acquainted with you. 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. Alosta 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.

applicant's signature date

B. This portion to be completed by the person providing the recommendation.

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 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
Ability to work with others					
Dependability					
Emotional stability					
Leadership					
Overall evaluation					
Personal integrity					
Spiritual maturity					

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

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626-812-3016
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