

Personal Reference Form

TO THE APPLICANT: This form should be given to a business associate, employer, teacher, or person of authority to complete and return to the college. Relatives may not fill out a personal reference form.

TO THE REFERENCE: An applicant for admission to Hyles-Anderson College, the student named below, is required to submit a personal reference. This reference form is **not** to be returned to the applicant. If this recommendation changes before the applicant enrolls, please notify the Admissions Office. The back of the reference form may be used for additional comments. Your comments are important; please carefully complete the evaluation and return the form promptly to Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307.

THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.

This section to be completed by the applicant.				
Applicant's Name		Phone () -		
Address		City	State	Zip
Semester of Planned Enrollment	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__	<input type="checkbox"/> Fall 20__	
<i>This reference should be completed no more than twelve (12) months before you plan to enroll.</i>				

How well do you know the applicant?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's Christian character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's ability to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's general intelligence?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
In considering the applicant, would you recommend him/her?	<input type="checkbox"/> With enthusiasm		<input type="checkbox"/> With caution	<input type="checkbox"/> No (if no, please explain on back)	
How many years have you known this applicant?	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10+
Does this applicant pay his/her bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Would you hire this applicant to work for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, please explain on back)			
Is this applicant the kind of person with whom you would want your son/daughter to be close friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, please explain on back)			
If this applicant has not finished high school, when do you expect he/she will finish?	MM/YYYY				
Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, please explain on back)			
Does this applicant have any handicaps or disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes, please explain on back)			
Does this applicant have any significant factors in his background which we should know?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes, please explain on back)			



PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS
8400 Burr Street | Crown Point, IN 46307
888.374.9537 ph | 219.365.2029 fax

If you have questions, please call us at 888.374.9537 or visit us online at hylesanderson.edu.
hylesanderson.edu | facebook.com/hylesanderson

Additional comments:

Signature of Reference

Date MM/DD/YYYY

Name of Reference (please print)

Church

Address

Apt. #

City State Zip Country United States Other

Phone () - Email address

Are you a Hyles-Anderson Alumni? Yes, Class of _____ No

please submit this form to:

Hyles-Anderson College
Office of Admissions
8400 Burr Street
Crown Point, IN 46307

fax
219.365.2029

email
admissions@hylesanderson.edu