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 ☐ Spring 20___ ☐ Summer 20___ ☐ Fall 20___

This reference should be completed no more than twelve (12) months before you plan to enroll.

How well do you know the applicant? ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Unknown

How would you rate the applicant’s Christian character? ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Unknown

How would you rate the applicant’s dependability? ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Unknown

How would you rate the applicant’s ability to get along with others? ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Unknown

How would you rate the applicant’s cooperation? ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Unknown

How would you rate the applicant’s general intelligence? ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Unknown

In considering the applicant, would you recommend him/her? ☐ With enthusiasm ☐ With caution ☐ No (If no, please explain on back)

How many years have you known this applicant? ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10+

Does this applicant pay his/her bills on time? ☐ Yes ☐ As far as I know ☐ No ☐ Unknown

Would you hire this applicant to work for you? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No (If no, please explain on back)

Does this applicant have any handicaps or disabilities? ☐ Yes ☐ No (If yes, please explain on back)

Does this applicant have any significant factors in his background which we should know? ☐ Yes ☐ No (If yes, please explain on back)
Additional comments:

<table>
<thead>
<tr>
<th>Signature of Reference</th>
<th>Date</th>
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<tbody>
<tr>
<td>Name of Reference (please print)</td>
<td></td>
</tr>
<tr>
<td>Church</td>
<td></td>
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<tr>
<td>Address</td>
<td>Apt. #</td>
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<tr>
<td>City</td>
<td>State</td>
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<tr>
<td>Phone</td>
<td>Email address</td>
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<tr>
<td>Are you a Hyles-Anderson Alumni?</td>
<td>Yes, Class of</td>
</tr>
</tbody>
</table>

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