



# PERSONAL REFERENCE FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

**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 reference will remain confidential.

**THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.**

<b>This section is to be completed by the applicant.</b>					
Applicant's Name		Phone (      )			
Address		City	State	ZIP	
Semester of Planned Enrollment	<input type="checkbox"/> Fall Semester 20____	<input type="checkbox"/> Spring Semester 20____	<input type="checkbox"/> Summer School 20____		
This reference should be completed no more than fifteen (15) months before you plan to enroll.					

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+
How well do you know this applicant?	<input type="checkbox"/> By name/sight	<input type="checkbox"/> Casually (few personal contacts)	<input type="checkbox"/> Fairly well (numerous personal contacts)	<input type="checkbox"/> Very close relationship	<input type="checkbox"/> Unknown
How would you rate this 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 this 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 this 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 this 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 this 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 this 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 this applicant, would you recommend him/her to attend Hyles-Anderson College?	<input type="checkbox"/> With enthusiasm	<input type="checkbox"/> Yes	<input type="checkbox"/> With caution	<input type="checkbox"/> No (If no, please explain on back.)	
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 consider hiring this applicant in the future?	<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 (If yes, please explain on back.)			<input type="checkbox"/> No	
Does this applicant have any significant favors in his/her background which we should know?	<input type="checkbox"/> Yes (If yes, please explain on back.)			<input type="checkbox"/> No	

**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 or visit [hylesanderson.edu](http://hylesanderson.edu).  
[admissions@hylesanderson.edu](mailto:admissions@hylesanderson.edu) | @hylesanderson

Additional Comments:

Signature of Reference

Date MM/YYYY

Name of Reference (please print)

Relationship to Applicant

Church

Address

City

State

ZIP

Country  United States  Other




Phone (       )

Email Address

Are you a Hyles-Anderson alumnus?  Yes, Class of \_\_\_\_\_  No

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