

PASTORAL REFERENCE FORM

Hyles-Anderson College
Online Studies

TO BE COMPLETED BY APPLICANT

Applicant's Name

Date of Birth MM / DD / YYYY

Address

City

State

Zip

Phone

Country

Special Note for Applicant: This reference should be completed no more than twelve (12) months before you plan to enroll.

TO BE COMPLETED BY PASTOR

Christian Character	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
Dependability	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
Cooperation	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
General Intelligence	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown

In considering this applicant, would you recommend him/her? With enthusiasm Yes With caution No

If no, please explain.

How long have you known this applicant? Would you hire this applicant to work for you? Yes No

If no, please explain.

Is this applicant the kind of person with whom you would want your child to be close friends? Yes No

If no, please explain.

Do you believe that this applicant is able to handle the normal college workload and requirements? Yes No

If no, please explain.

Does this applicant have any disabilities which would limit his/her ability to learn in an online environment? Yes No

If yes, please explain.

Does this applicant have any significant factors in his background of which we should know? Yes No

If yes, please explain.

Pastor's Full Name

Mailing Address

Phone

Pastor's Signature

Date

Hyles-Anderson College Online
Admissions Department
online.hylesanderson.edu

 **Mail**
Hyles-Anderson College Online
8400 Burr Street
Crown Point, IN 46307

 **Fax**
219.558.2630

 **Phone**
219.365.4031, Ext. 1259

 **Email**
online@hylesanderson.edu

Pastor, please note:

1. This reference form is to be submitted directly to Hyles-Anderson Online Studies Department by email, phone, mail, or by fax.
2. This reference form is not to be returned to the applicant.
3. If this recommendation changes before the applicant enrolls, please notify Hyles-Anderson Online Studies Department.