

FOR OFFICE USE:

Term: _____ Counselor Code: _____ Level: _____
ID#: _____

Office of Admissions
800 Bethany Drive
Scotts Valley, CA 95066
www.bethany.edu

(831) 438-3800
1-800-843-9410
FAX: (831) 461-1533
info@fc.bethany.edu

To the Applicant: Please fill out the top portion and give to your reference.

Applicant

Classification (check one)

- New freshman
- Transfer
- Readmission

Housing (check one)

- Residence hall
- On-campus family housing
- Off campus

Enrollment Date

- Fall of year _____
- Spring of year _____

Degree (check one)

- Associate of Arts Degree
- Bachelor of Arts Degree

Please type or print in black ink.

Applicant's Name (please print): _____ Social Security Number: _____

Address: _____ City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ E-mail _____

The statements on this reference will be kept confidential. We request that you sign the following statement to allow your evaluator greater freedom in his/her response.

"I understand that this confidential statement will be submitted to the Admissions Committee at Bethany University, and its contents will not be shared with me. This information will be used for admission purposes only. I hereby waive my right to see this evaluation. I realize that this waiver is not required as a condition of admission."

Applicant's Signature _____ Date _____

Evaluator

TO THE EVALUATOR: Bethany University is seeking to build a community of persons who are strongly committed to Jesus Christ, who desire to be educated in a rigorous academic setting, and who strive to become all that God wants them to be. With this in mind, we need your careful, honest and straightforward assessment of this applicant's capacity to pursue college work. We value your thorough and specific responses. Thank you in advance for your assistance.

How long have you known the applicant? _____ What is your relationship to the applicant? _____

What is your position and title? _____ *Note: References must be from other than relatives.*

Was the applicant under your direct supervision/instruction for at least one semester during the past year? yes no

Please rate the applicant in the following areas by circling the appropriate number. If you are unable to provide information on a specific area, please leave it blank.

1 – poor	2 – below average	3 – average	4 – above average	5 – superior
Leadership Abilities	1 2 3 4 5	Integrity/Honesty	1 2 3 4 5	
Responsibility	1 2 3 4 5	Moral Character	1 2 3 4 5	
Cooperation	1 2 3 4 5	Academic/Professional Motivation	1 2 3 4 5	
Personal Initiative	1 2 3 4 5	Social Readiness for College	1 2 3 4 5	

Please discuss any areas needing further explanation: _____

Considering the rigors of college study, what help will the applicant need in order to succeed? _____

Bethany is a smoke-free, drug-free, alcohol-free campus. Is the applicant's lifestyle consistent with these standards?

Yes No If not, please explain: _____

Please check the box below that best reflects your recommendation of the applicant to Bethany University:

I recommend highly I recommend with the following reservations: _____

I recommend I do not recommend

Name of Reference: _____ Signature _____ Date _____

School/Organization Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

E-mail address: _____

Would you like to receive information about Bethany University? Yes No

Please return this form to:

Bethany University
Office of Admissions
800 Bethany Drive
Scotts Valley, CA 95066

Fax: 831-461-1533