

# GEORGE FOX UNIVERSITY

## *Personal Reference Form*

This form is to be filled out by a pastor or youth pastor. If you do not have a pastor, have the form completed by a person who can vouch for your character. It should not be filled out by someone who is a member of your family.

Applicant name \_\_\_\_\_

Applicant address \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the people from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign the following statement:

I waive my right to examine this form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The above-named student is applying for admission to George Fox University. In compliance with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), if the student has not signed above, he/she will have access to this form upon enrollment in the university.

**Please:** Carefully estimate this applicant's qualifications and complete this form candidly and carefully. Where applicable, place the applicant within one of the five major groups. Check the appropriate description for each characteristic. Consider each trait individually, and evaluate only on the basis of each trait. When feasible, give examples that support your ranking of each trait.

**Please keep in mind that the applicant's file will not be reviewed until this form is returned.**

Thank you for your valued assistance.

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?

Just by name and sight

Casually (a few personal contacts)

Fairly well (a number of personal contacts)

Have had a close relationship

To your knowledge, has the applicant made a personal commitment to Jesus Christ?  Yes  No  Don't Know

### **Influence and Leadership**

Lends influence to acceptable behavior;  
is able to organize and inspire confidence  
in others; given place of leadership by others.

Exceptional

Above Average

Average

Below Average

Poor

### **Integrity**

Peers depend on him or her;  
consistently trustworthy;  
generally honest and reliable.

Exceptional

Above Average

Average

Below Average

Poor

<b>Emotional Stability</b> Accepts responsibility for own decisions and actions; objective in opinions and attitudes; maintains even disposition.	Exceptional <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>Peer Relationships</b> Generally well-liked by others; well-mannered; accepted by peers; poised in social situations; friendly; participates in group activities.	Exceptional <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>Purpose</b> Has definite purpose in plans; effectively trustworthy; generally honest and reliable.	Exceptional <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	Poor <input type="checkbox"/>

**Comments**

Are there any circumstances relating to this applicant that the university should know before deciding upon his/her admission, or that would assist in the admission process? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Recommendations**

Please state recommendations in respect to this applicant's admission to George Fox University. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please print or type:**

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Church name \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone number \_\_\_\_\_  
 Date \_\_\_\_\_  
 Signature \_\_\_\_\_

After completion, please return this form to the address below. If you wish to make additional comments about the applicant, please use a separate sheet of paper or call:

Office of Undergraduate Admissions  
 George Fox University  
 414 N. Meridian St. #6089  
 Newberg, OR 97132-2697  
 503-554-2240

George Fox University reserves the right to select students on the basis of academic performance and personal qualifications. George Fox University does not discriminate in its education programs or activities on the bases of race, color, sex, handicap/disability, national or ethnic origin, age, or other statuses protected by applicable nondiscrimination laws.

# GEORGE FOX UNIVERSITY

## *Academic Reference Form*

This form is to be filled out by a high school principal, counselor, teacher, or by a college instructor or advisor. For transfer students this should come from a college instructor.

Applicant name \_\_\_\_\_

Applicant address \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the people from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign the following statement:

I waive my right to examine this form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The above-named student is applying for admission to George Fox University. In compliance with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), if the student has not signed above, he/she will have access to this form upon enrollment in the University.

**Please:** Carefully estimate this applicant's qualifications and complete this form candidly and carefully. Where applicable, place the applicant within one of the five major groups. Check the appropriate description for each characteristic. Consider each trait individually, and evaluate only on the basis of each trait. When feasible, give examples that support your ranking of each trait.

**Please keep in mind that the applicant's file will not be reviewed until this form is returned.**

Thank you for your valued assistance.

### Scholastic Capabilities

Ability to perceive and relate ideas; originality; acceptance of academic responsibilities.

Exceptional

Above Average

Average

Below Average

Poor

### Communication Facility

Adequate vocabulary; ability in oral expression; effective written communication; satisfactory reading level.

Exceptional

Above Average

Average

Below Average

Poor

### Initiative and Industry

Plans well and executes plans to completion; consistent in level of accomplishment; resourceful; develops interest; performs beyond expectation.

Exceptional

Above Average

Average

Below Average

Poor

### Social Conduct

Cooperative with peers and adults; accepts school or other regulations; relates well with classmates and teachers; respects rights and property of others; a dependable citizen.

Exceptional

Above Average

Average

Below Average

Poor

<b>Emotional Stability</b> Accepts responsibility for own decisions and actions; objective in opinions and attitudes; maintains even disposition.	Exceptional <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	Poor <input type="checkbox"/>
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<b>Peer Relationships</b> Generally well-liked by others; well-mannered; accepted by peers; poised in social situations; friendly; participates in group activities.	Exceptional <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	Poor <input type="checkbox"/>
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<b>Influence and Leadership</b> Lends influence to acceptable behavior; is able to organize and inspire confidence in others; given place of leadership by others.	Exceptional <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	Poor <input type="checkbox"/>
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<b>Integrity</b> Peers depend on him or her; consistently trustworthy; generally honest and reliable.	Exceptional <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	Poor <input type="checkbox"/>
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<b>Purpose</b> Has definite purpose in plans; effectively motivated in carrying out purposes; generally is goal-directed.	Exceptional <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	Poor <input type="checkbox"/>
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**Comments**

Are there any circumstances relating to this applicant that the university should know before deciding upon his/her admission, or that would assist in the admission process? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Recommendations**

Please state recommendations in respect to this applicant's admission to George Fox University. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please print or type:**

Name \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

After completion, please return this form to the address below. If you wish to make additional comments about the applicant, please use a separate sheet of paper or call:

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