

# GEORGE FOX UNIVERSITY

## Reference Form

---

This form is intended to provide insight into an applicant's character from someone who knows the applicant well. It should not be filled out by someone who is a family member.

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 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? \_\_\_\_\_

In what capacity have you known the applicant? (Check all that apply)

Academic

Personal

Professional

### Section 1:

1. What three words best describe the applicant? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
2. Briefly, what is your favorite thing about this applicant? \_\_\_\_\_
3. What one word best describes the applicant's work ethic? \_\_\_\_\_
4. What unique quality or ability will this applicant add to the George Fox community? \_\_\_\_\_
5. Name one attribute which will help the applicant be a successful college student. \_\_\_\_\_

**Section 2:**

- 1. What opportunities for growth do you see in this student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2. Describe a specific time when this student has impressed you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. I recommend this applicant for admission at George Fox University.  
 Strongly agree                       Agree                       Disagree                       Strongly disagree

**Section 3:**

Name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

After completion, please return this form to the address below. This form can also be faxed to 503.554.3110 or emailed to admissions@georgefox.edu 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 basis of race, color, sex, handicap/disability, national or ethnic origin, age, or other statuses protected by applicable nondiscrimination laws.