

Instructions to Student:

References are vital to the admissions decision. This form should be completed by a person who knows you well. A final decision cannot be made until this form is in your admissions file.

Please send or fax this completed form to:

**Enrollment Services
One Angwin Avenue
Angwin, CA 94508
(707) 965-6671 (fax)
enroll@puc.edu**

Instructions to Recommender:

This student has applied for admission to Pacific Union College. Since applicants are required to have this form on file before admission can be considered, your prompt appraisal will be appreciated. Please bear in mind that Pacific Union College is a Seventh-day Adventist Christian college desiring to admit students who wish to live in harmony with the ideals this implies. Please speak frankly in your comments.

Reference Form

Applicant's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please rate the applicant in the following areas:

	Exceptional	Good	Fair	Poor	No knowledge
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant use any of the following?

	I do not know	No	Yes	If "yes," please comment:
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please make any additional comments about the applicant:

Recommendation:

In consideration of the above evaluation, do you recommend this applicant to a Christian college? (check one of the following)

Strongly recommend Recommend Recommend with reservation Do not recommend

Recommender's name: _____ Title: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____



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