

## SPIRITUAL REFERENCE

*To the Applicant: Please fill out the top part of the form and give to your reference.*

FOR OFFICE USE ONLY		
ID _____	STATUS _____	COUNSELOR _____

Classification (check one)	Enrollment Date	Attendance (check one)	Housing
<input type="checkbox"/> Freshman	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Resident
<input type="checkbox"/> Transfer	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Part-time	<input type="checkbox"/> Commuter
<input type="checkbox"/> Readmit	<input type="checkbox"/> Summer _____		<input type="checkbox"/> Living with Parents

**PLEASE TYPE OR PRINT**

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

"I understand that this confidential statement will be submitted to the Admissions Committee at Simpson 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 \_\_\_\_\_

**TO THE EVALUATOR:** Simpson University is seeking to build a community of people 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. Please be thorough and specific, since we value your responses. Thank you in advance for your assistance.

How long have you known the applicant? \_\_\_\_\_ What is your relationship to the applicant? \_\_\_\_\_  
(i.e. mentor, Bible study leader, etc.)

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		1 2 3 4 5		Integrity/Honesty	1 2 3 4 5
Responsibility/ Reliability		1 2 3 4 5		Seriousness of Purpose	1 2 3 4 5
Moral Character		1 2 3 4 5		Concern for Others	1 2 3 4 5
Personal Initiative		1 2 3 4 5		Common Sense/Judgment	1 2 3 4 5
Social Skills		1 2 3 4 5		Self-Image	1 2 3 4 5
Discretion with Opposite Sex		1 2 3 4 5		Church Participation	1 2 3 4 5
Respect for Authority		1 2 3 4 5		Emotional Stability	1 2 3 4 5

Please comment on the applicant's commitment to Jesus Christ. \_\_\_\_\_

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

Yes  No If not, please explain. \_\_\_\_\_

How do you recommend the applicant for admission to Simpson University?

- I recommend highly.
- I recommend with the following reservation:
- I recommend.
- I do not recommend.

Name of reference \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

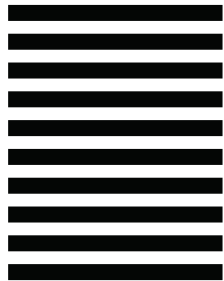
Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Would you like to receive information about Simpson University for your files? Yes  No

fold on dotted line

Please fold on guidelines and tape. No postage is necessary if mailed in the United States.

fold on dotted line



No Postage  
Necessary if  
Mailed in The  
United States



The Admissions Office  
Simpson University  
2211 College View Drive  
Redding, CA 96003-9901

Postage will be paid by addressee

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 3266 REDDING, CA

