

College reference

PART 1: This section is to be completed by the student.

Name: _____
Last First Middle/Maiden

Address: _____
Street/Route/Post office box City State/Province ZIP/Postal code Country

Date of birth: ____/____/____ Place of birth: _____
Mo. Day Yr.

Because of the Family Educational Rights and Privacy Act of 1974, this reference will now be accessible to the student if requested. The guidelines recommend that the referee will either discuss the written statement or share its contents with the applicant in an interview.

PART 2: This section is to be completed by the Dean of Students (or another appropriate officer, such as the academic dean, registrar, etc.) at the college most recently attended.

How long has this student attended your institution?

- 1 year or less
- 2 years or less
- 3 years or less
- more than 3 years

The following information is based on:

- files on record
- personal association and interaction
- casual observation

1. Has the applicant been accused of violating trust or being dishonest?

- Yes No

2. Has the student demonstrated disruptive behavior?

- Yes No

3. Is the applicant on academic probation?

- Yes No

4. Is the applicant on suspension?

- Yes No

5. Is the applicant now or has been subject to disciplinary procedures or actions?

- Yes No

If you answered "yes" to any of the questions above, please provide additional information in the comment section below.

Recommendation

I recommend this candidate for admission to Goshen College:

	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically	School Policy Precludes Recommendation
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Please use space provided or additional pages.

Name: _____ Position: _____

College or university: _____ Date: _____

Return completed form to:

Goshen College Admission Office • 1700 South Main St., Goshen, IN 46526
 Toll free: (800) 348-7422 • Phone: (574) 535-7535 • Fax: (574) 535-7609
 E-mail: admission@goshen.edu • www.goshen.edu

