

Pastoral Reference

Note to the applicant: Please complete the top portion of this reference form and deliver it, with the enclosed reference return envelope, to the person completing your pastoral reference. This person should be someone outside your family who can speak to your Christian testimony and growth.

APPLICANT'S NAME

ADDRESS

CITY

STATE

ZIP CODE

By signing below, I waive my right to see this recommendation prior to its submission to Biola University.

APPLICANT'S SIGNATURE

DATE

Note to the reference: The applicant has listed you as a reference on their application to Biola University. Biola is a Christian institution with definite Christian goals and the desire to admit those who will profit from their studies here. Please be frank, fair and accurate in your remarks. You may also complete this form online at www.biola.edu/undergrad/reference.

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

2. HOW WELL DO YOU KNOW THE APPLICANT? VERY WELL WELL CASUALLY

3. DOES THE APPLICANT KNOW CHRIST AS HIS/HER PERSONAL SAVIOR AND LORD? YES NO UNKNOWN

4. HOW DOES THE APPLICANT DEMONSTRATE A COMMITMENT TO CHRIST IN HIS/HER LIFESTYLE?

5. WHAT ARE THE APPLICANT'S STRENGTHS?

6. WHAT IS THE APPLICANT'S LEVEL OF SOCIAL READINESS FOR COLLEGE? READY SOMEWHAT READY NOT READY UNKNOWN

7. ON A SCALE OF 1 TO 5, RATE THE APPLICANT IN THE FOLLOWING AREAS (1=Superior; 2=Above Average; 3=Average; 4=Below Average; 5=Deficient):

_____ HONESTY AND PERSONAL INTEGRITY _____ ATTITUDE TOWARD AUTHORITY _____ EMOTIONAL STABILITY
_____ ATTITUDE TOWARD SCHOOLWORK _____ ABILITY TO MAKE FRIENDS _____ ABILITY TO ADAPT

(over)



8. WHY SHOULD BIOLA ACCEPT / NOT ACCEPT THIS STUDENT?

9. RECOMMENDATION FOR ADMISSION:

- I RECOMMEND THE APPLICANT
 I DO NOT RECOMMEND THE APPLICANT

I RECOMMEND THE APPLICANT WITH THIS RESERVATION:

PRINT NAME

E-MAIL ADDRESS

HOME PHONE

ADDRESS

CITY

STATE

ZIP CODE

CHURCH NAME

POSITION

CHURCH PHONE

ADDRESS

CITY

STATE

ZIP CODE

PLEASE SEND ME INFORMATION ABOUT BIOLA UNIVERSITY

I AM AN ALUMNUS OF BIOLA UNIVERSITY

SIGNATURE OF REFERENCE

DATE

Office of Admissions

13800 Biola Avenue
La Mirada, CA 90639-0001
1-800-OK-BIOLA
fax 562 903 4709



BIOLA

University