



## COLLEGE OF ARTS AND SCIENCES REFERENCE FORM

Reference form is to be completed by a teacher or guidance counselor. Adults applying may use a work supervisor as a reference. One reference is required; however, we encourage you to submit an additional letter of reference from a pastor. Reference forms should be mailed to: Eastern University Office of Undergraduate Admissions, 1300 Eagle Rd., St. Davids, PA 19087.

### TO BE COMPLETED BY APPLICANT:

Student's Name \_\_\_\_\_

Applying for:  August \_\_\_\_\_ (year)  January \_\_\_\_\_ (year) Phone \_\_\_\_\_

Student's Address \_\_\_\_\_  
*Street*

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

Reference Completed by \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip e-mail*

### TO BE COMPLETED BY REFERENCE: Complete questions below and/or submit a letter of reference.

1. What is your position and length of time you have known the applicant?

\_\_\_\_\_  
\_\_\_\_\_

2. What do you believe is the student's motivation for attending college?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What evidence have you seen indicating ability and potential for success in college?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please rate the strength of this student's overall maturity and preparation for college in relation to students you have worked with: Weak  1  2  3  4  5 Strong

5. If you were an official of this University, knowing what you do concerning the applicant, would you vote to accept this student?  Yes, enthusiastically  Yes, with reservation  No

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

Print name \_\_\_\_\_