



# Horizon University

## Personal Reference Form (1~2)

Name of Applicant - Please Print Clearly

In the belief that applicants and the persons from whom they request recommendations may wish to preserve the confidentiality of those recommendations, we are providing the applicant the opportunity to waive their right to examine the form. By signing below, I understand that I am waiving my right to inspect and review this recommendation upon enrollment.

X

Applicant's Signature

Date

### To Evaluator:

The person named above has applied for admission to Horizon University. Your evaluation of this candidate in the areas listed below will assist us as we consider than application. We greatly appreciate your immediate response.

Please note: In compliance with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), if the student has not signed above, he/she will have access to this form upon enrollment.

1.) How well do you know this applicant?                      Very well:                       Well                       Casually:

2.) How long have you known this applicant? \_\_\_\_\_

3.) What is your relationship with this person? \_\_\_\_\_

4.) To your knowledge, does this person exert a good influence among those of his/her age group?                      Yes                       No

5.) Are there personality traits which hinder the applicant in his/her personal relationships?                      Yes                       No

Explain: \_\_\_\_\_  
\_\_\_\_\_

6.) To the best of your knowledge, does the applicant use alcoholic beverages, tobacco, or dangerous drugs?                      Yes                       No

7.) What do you consider this person's significant strengths and special abilities?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8.) What is your estimate of the applicant's potential success in college?

Exceptional                       Above Average                       Average                       Below Average                       Poor



9.) What is your specific recommendation regarding this applicant?

- Recommend Highly
- Recommend
- Recommend with reservations
- Not recommended for this College
- Prefer not to make a specific recommendation

**Additional Comments:**

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Name of Evaluator		Date
Signature		
Title		
Church Name		
Address		
City	State	Zip
Contact Phone#	Email	

***Please return this completed form to:***

Horizon University  
 attn: ADMISSIONS  
 7700 Indian Lake Rd.  
 Indianapolis, IN 46236

or email to:  
[info@horizonuniversity.edu](mailto:info@horizonuniversity.edu)

phone: 800.553.4674