



Character Recommendation Form

Student:

Complete the following section and give this form to someone who has observed your character and/or spiritual development over a reasonable period of time. A list of acceptable and unacceptable choices is as follows:

- **ACCEPTABLE:** Pastor, Youth Pastor/Leader, Coach, Employer, Adult Family Friend
- **UNACCEPTABLE:** Academic Instructor, Relative, Friend (Peer)

First Name	Last Name	Date of Birth
Address: Number & Street	Apartment/Unit	Social Security Number
Address: City	State/Province	Postal Code
Address: Country		

Student release and waiver status:

I waive my right to review or access letters and statements of recommendation on my behalf. YES NO

Student Name	Date
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To the Evaluator

This student is applying for admission to Azusa Pacific University. The Office of Undergraduate Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that the sooner you return this form to APU, the sooner we can give this student our admissions decision. Thank you.

Please rate the applicant in each of the following areas: Superior Above Average Average Below Average Not Applicable

	Superior	Above Average	Average	Below Average	Not Applicable
Ability to work with others					
Dependability					
Emotional stability					
Leadership					
Personal integrity					
Spiritual maturity					
Overall evaluation					

Continued ...

Character Recommendation Form (continued)

Student Name: _____

Please include additional comments about your perception of the student's fit for a Christian college community.

Please indicate any area(s) in which the applicant might need special attention from APU staff/faculty.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

I **recommend** **do not recommend** **recommend with reservation** this individual for enrollment at APU.

First Name _____ Last Name _____ Position/Occupation _____

Phone _____ Email Address _____

Address: Number & Street _____

City _____ State/Province _____ Postal Code _____ Country _____

Evaluator's Signature _____ Date _____

Please note: This form should be returned as soon as possible to give the applicant the best possible admissions consideration.

There are three ways to submit this form:

1. Mail it to:
Office of Undergraduate Admissions
Azusa Pacific University
PO Box 7000
Azusa, CA 91702-7000
2. Fax it to (626) 812-3096
3. Scan & email it to admissions@apu.edu

