

Pastor's Recommendation



Academic and Christian Discovery

Instructions: After you have completed the top portion of this form, give it to your pastor, youth pastor, or another person who knows you well and is not related to you in any way. No action will be taken on your application until we receive this form.

For you, the applicant, to complete

Name _____ SSN (optional) _____ - _____ - _____

Address _____
STREET ADDRESS CITY STATE ZIP/POSTAL CODE

Phone (_____) _____

I hereby waive my right to review this form after completion:



Signature _____ Date _____

For your pastor or reference to complete

Name _____ E-mail _____

Address _____
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Church name _____ Phone (_____) _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Rate the applicant's qualities in each of the following areas:

	Well Above Average	Above Average	Average	Below Average	N/A
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy/enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatible with AU mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(see reverse)

I prefer to discuss my comments by phone.

Please Continue →

Additional comments

Tell us anything else we should know about the applicant. _____

SIGN HERE 

Signature _____ **Date** _____

fold here first . . .

15100 7049

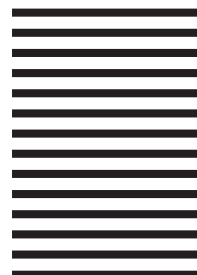


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BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 933 ANDERSON, INDIANA

POSTAGE WILL BE PAID BY ADDRESSEE

Anderson University
Office of Admissions
1100 E. 5th St.
Anderson, IN 46012-9989



. . . then fold here

It All Comes Down to This . . .

We believe that students who choose to live by Christian principles should have a particular kind of college to attend — a college that creates opportunities for students to pursue **academic and Christian discovery**. We value students who strive for and maintain high moral and ethical standards and contribute to the quality of life in our campus community. As part of our commitment to provide a distinctive college experience, the university prohibits possession and use of alcoholic beverages, illegal drugs, tobacco in any form, gambling, sexual misconduct, foul language, cheating, theft, and any other conduct inconsistent with the goals and traditions of this institution. We trust these comments will be helpful as you consider the possible match of this student with Anderson University. To learn more about Anderson University, visit our Web site at www.anderson.edu, or call toll-free **(800) 428-6414**.

Seal ends securely with tape.



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