

# Recommendation Indiana Wesleyan University

## TO BE COMPLETED BY THE APPLICANT • Please print or type

NAME

PHONE (Please include Area Code)

SSN

ADDRESS (Street, R.R., or P.O. Box)

CITY

STATE

ZIP

## TO BE COMPLETED BY REFERENT • Must be completed by an adult other than a family member

The above-named student is making application for admission to Indiana Wesleyan University. Please assist us in becoming better acquainted with the applicant by thoroughly completing their recommendation form. Feel free to make comments on additional paper when necessary. In order to insure confidentiality, return this form directly to the Admissions Office at Indiana Wesleyan University.

## PLEASE CHECK THE RESPONSE WHICH YOU FEEL BEST DESCRIBES THE APPLICANT

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO EVALUATION
1. COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. INTELLIGENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SOCIAL MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. MORAL INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. CHRISTIAN MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PLEASE COMPLETE EACH OF THE FOLLOWING QUESTIONS:

How long have you known this applicant? \_\_\_\_\_ year(s)

What are the applicant's strengths or weaknesses?

Describe the applicant's church participation.

Would you recommend acceptance to Indiana Wesleyan University?

STRONGLY RECOMMEND    RECOMMEND    RECOMMEND WITH HESITANCY    UNSUITABLE: DO NOT RECOMMEND

SIGNED

TITLE

DATE

PRINT NAME

PHONE (Please include Area Code)

ADDRESS

CITY

STATE

ZIP

**ADDITIONAL COMMENTS** • Please feel free to use additional paper to add any further comments about the applicant. All information is confidential. Please return this form directly to the Admissions Office at Indiana Wesleyan University.

## PLEASE RETURN TO:

Admissions Office • Indiana Wesleyan University • 4201 South Washington Street • Marion, Indiana 46953-4974  
PHONE: 800-332-6901 or 765-677-2138 • FAX: 765-677-2333 • EMAIL: admissions@indwes.edu