



LIFESTYLE INTERNATIONAL CHRISTIAN UNIVERSITY

LETTER OF RECOMMENDATION

TO THE APPLICANT

| | |
|--|-----------------|
| Applicant's Surname: | First Name: |
| Address: | City: |
| Region/district: | Post Code: |
| Country: | Telephone: |
| Date of Birth (DD/MM/YYYY): | Place of Birth: |
| <p>I understand that this confidential statement is being submitted to the Administration Office, with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.</p> <p>Date: _____ Applicant's Signature: _____</p> | |

TO YOU THE REFEREE

| | |
|---|---|
| Name: | First Name: |
| Address: | City: |
| Region/district: | Post Code: |
| Country: | Telephone: |
| Occupation: | |
| <p>Serious consideration will be given to your comments. We are well aware of the fact that this is your personal opinion of the person's character and not a professional statement. Please answer the questions as sincerely and as thoroughly as possible. Negative information will not necessarily disqualify the applicant. The applicant cannot be accepted until we have received ALL recommendations. Therefore we ask you to return this recommendation as soon as possible, in a sealed envelope, to the applicant. All of your comments will be held in the strictest confidence.</p> | |
| 1. How long have you known the above person? _____ Years | |
| 2. Has your relationship been: <input type="checkbox"/> Very close <input type="checkbox"/> Close <input type="checkbox"/> Intermittent <input type="checkbox"/> Distant <input type="checkbox"/> Casual <input type="checkbox"/> Other _____ | |
| 3. What has been the nature of your acquaintance? Where you... | |
| CHURCH: | <input type="checkbox"/> Very close <input type="checkbox"/> Close <input type="checkbox"/> Intermittent <input type="checkbox"/> Distant <input type="checkbox"/> Casual <input type="checkbox"/> Other _____ |
| BUSINESS: | <input type="checkbox"/> Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Subordinate |
| SCHOOL: | <input type="checkbox"/> Principal <input type="checkbox"/> Teacher <input type="checkbox"/> Fellow Student |
| SOCIAL: | <input type="checkbox"/> Personal <input type="checkbox"/> Neighbour <input type="checkbox"/> Friend <input type="checkbox"/> Friend of the family <input type="checkbox"/> Other _____ |



4. How does he/she get along with other people?
 Well liked Gets along as well as most others Sometimes has difficulty getting along with others
 Not well liked Have no basis for judgement

5. The applicant's spiritual influence on others is: Positive Neutral Negative

6. Please evaluate his/her personal character:

| | Excellent | Good | Fair | Poor | Unknown |
|---|-----------|------|------|------|---------|
| Honesty | | | | | |
| Financial Responsibility | | | | | |
| Dependability | | | | | |
| Cooperativeness | | | | | |
| Academic Ability | | | | | |
| Ability to work with others | | | | | |
| Ability to lead others | | | | | |
| Personal cleanliness | | | | | |
| Consideration for others | | | | | |
| Moral Character | | | | | |
| Acceptance of instruction and/or discipline | | | | | |

7. How industrious is he/she as a student or worker?
 Usually conscientious, hard worker Works harder than most students/workers
 Works less than most others Very lazy Does about as much as other people
 Have no basis for judgement
Comments: _____

8. How emotionally stable do you think he/she is?
 Seems quite stable Seems to have minor difficulties
 Seems to have serious emotional difficulties Have no basis for judgement

9. What is your estimation of his/her leadership ability?
 A forceful and capable leader Has average ability to guide and direct
 Is a better follower than leader Have no basis for judgement

10. Is the applicant prompt in paying his/her bills? Yes No Don't know

11. In the space provided or on a separate sheet if required, write a description of the applicant's morals and lifestyle. Include in this a description of the company the applicant keeps; their home life; any negative habits and their physical and emotional well being.

12. So you recommend the applicant? Yes No Not sure

Signature _____ Today's date _____

Please return this recommendation to the applicant, *in a sealed envelope*. Check that all the sections of this form have been completed. Thank You.

