



HARDING

CONFIDENTIAL CHARACTER REFERENCE

Instructions for applicant: Completed reference forms are essential to an admission decision. Complete the upper portion of this character reference and submit it to a preacher, elder, or long-time friend of your family. Please provide a stamp and return envelope.

APPLICANT'S NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

As an applicant for admission, I am requesting that this confidential reference form be completed and forwarded to Harding University, Office of Admissions Services. I understand that I will not have access to this information.

APPLICANT'S SIGNATURE



This portion is only to be filled out by the reference.



To the individual submitting this evaluation: The student whose name and address appear above is an applicant for undergraduate admission at Harding University. This form is to be completed and mailed directly to the Office of Admissions Services at Harding University. Your response will remain confidential. You may choose to complete this form online at www.harding.edu/admissions/applicationforms.html.

PLEASE CHECK ONE ON EACH LINE:

YES NO UNKNOWN

- Based on the applicant's strong character, this individual would be an asset to Harding's Christian community.
- This person's lifestyle will be consistent with Harding's moral code of conduct.
- To the best of my knowledge, this person is honest and trustworthy.
- To the best of my knowledge, this person is in good standing with legal authorities.

PLEASE CHECK ONE:

- Recommended for admission
- Not recommended
- Prefer not to make a recommendation
- Call me

PLEASE CHECK ONE:

- I am well acquainted with the applicant.
- I am moderately acquainted with the applicant.
- I do not know the applicant.

Please explain any "no" answers to the previous questions. List on back positive contributions this student can make to Harding University. Also, feel free to add any other comments concerning leadership abilities, personality, social talents, problems, etc. In compliance with Section 504 of the Rehabilitation Act of 1973, you are advised to avoid reference to any handicaps an applicant may have.

NAME

SIGNATURE

ADDRESS

OCCUPATION/TITLE

PHONE

The address and phone number above apply to my office residence.



