

City Vision College Reference Form

1. Name of Prospective Student: _____
2. What is your relationship to the prospective student? _____
3. What is your general evaluation of this person? _____
4. Are there any characteristics of the applicant, emotional or personal, that might hinder him/her in relating to others?

5. How has this person conducted himself/herself in activities in which you have observed?

Very Well

Average

Below Average

6. How do others view this person? _____

7. In your opinion, is this individual able to complete college-level course work?

yes no don't know

8. Please comment on any additional factors (home, health, habits, etc.) that might assist us in making a careful evaluation of this applicant. (Use additional sheet if necessary)

9. Check one:

Highly
Recommend

Recommend

Recommend With
Some Reservations

Do Not
Recommend

Your Name and Address:

Phone: _____

Date: _____

(Signature)

Return to: City Vision College, PO Box 413188, Kansas City MO 64141-3188

Form may be faxed to (617) 825-0313.