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.