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)

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