Please have this form filled out by someone who can speak about your character and relationship with Jesus Christ, if you have one. This person should send the completed form directly to the Office of Admissions in a sealed envelope.

Section I (To be completed by applicant)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Telephone</th>
</tr>
</thead>
</table>

I ☐ do ☐ do not willingly waive my right to view the completed reference form knowing that this waiver will not influence the admission decision of the University.

Applicant’s Signature

Section II (To be completed by the applicant’s character reference)

Asbury University is a Christian university equipping students to engage culture to advance the cause of Christ. Located in Wilmore, Kentucky, the University offers more than 50 majors to a primarily residential campus community. Our students come from approximately 46 states and 14 countries and our alumni are living and serving in all 50 states and in more than 80 countries around the world. In addition to our undergraduate program, the University offers an adult degree program and master’s programs in education and social work.

We are thankful for your investment in this student and value your insight. Not all of our students have a relationship with Christ and we do not require them to do so. We are committed to lifestyle standards that we believe will grow our community because of our desire to integrate our faith with our learning. This reference form is an opportunity for us to get to know our students from your perspective. If you are interested in learning more about Asbury University, please visit us at www.asbury.edu.

Please fill out the questions or comment areas below:

Please speak to this student’s character or integrity:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please tell us how you know the applicant.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What do you believe is this student’s greatest strength?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
To your knowledge, has the applicant made a personal profession of faith in Jesus Christ as Lord and Savior?  
❑ Yes  ❑ No

Comment on the applicant’s faith commitment to the best of your knowledge:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

In your opinion, the applicant’s influence on his/her peers has been:  ❑ Positive  ❑ Negative  ❑ Neutral  ❑ Unknown. Please explain.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

In what ways does this student exhibit initiative and leadership characteristics?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

To the best of your knowledge does the applicant:  Smoke?  ❑ Yes  ❑ No  
Drink alcoholic beverages?  ❑ Yes  ❑ No  
Use illegal drugs?  ❑ Yes  ❑ No

Is there anything else you would like to share with us about this applicant?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Thank you for your time and investment in this student.

Contact Information:

Name:

Address:

City: State: Zip:

Phone: Email:

Alumnus: ❑ Yes  ❑ No  
Class Year: ____________________________

I would like to have information about Asbury University sent to:

Name:

Address:

City: State: Zip:

Phone: Email:

High School Graduation Year: