



Corban College & Graduate School

OFFICE OF ADMISSIONS
5000 DEER PARK DRIVE SE
SALEM, OREGON 97317-9392
503.375.7005 | 503.585.4316 fax
admissions@corban.edu

Official Educational Reference

FOR YOU, THE APPLICANT:

Please fill out your information below and pass this form on to a person who has observed you in an educational setting and would be familiar with your academic abilities. Please do not use a relative as a reference.

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____

State _____ ZIP _____ Country _____

I waive do not waive my right to review this recommendation.

Signature _____ Date _____

TO THE PERSON RECOMMENDING:

This student is applying to Corban and has asked you to submit a reference. Corban requests your evaluation of this applicant's ability to succeed in college. We can only give the student an admission decision once we have received all required materials. Your input is extremely valuable and we appreciate your assistance. Thank you.

Name _____ Title _____

Address _____ City _____ State _____ ZIP _____

Phone (_____) _____ Email _____ High School _____

College/University _____ How long have you known the applicant? _____

Has the applicant had any disciplinary, criminal, or social problems? Yes No If yes, please comment. _____

How would you describe the applicant's ability to succeed in college, both academically and socially? _____

How could Corban aid this individual in his/her personal development? _____

Recommendation for admission: highly recommend recommend recommend with reservations do not recommend

Please write any additional comments on an attached sheet.

Signature _____ Date _____

Mail the completed form directly to: Office of Undergraduate Admissions
Corban College & Graduate School
5000 Deer Park Dr. SE
Salem, OR 97317-9392