



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

Personal Recommendation

(Please note: no action will be taken on your application until this form is returned)

TO THE APPLICANT:

Complete the section below and have a person who has observed you in a personal setting for at least one year complete the reference section. This should be someone who is fairly well acquainted with you, preferably a teacher, employer, or other responsible adult. Please do not use a relative as a reference.

Applicant's Name _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

I willingly waive my right to review this recommendation to better enable the person completing this form to do so without reservation.

Applicant's Signature _____ Date _____

TO THE PERSON RECOMMENDING:

As an applicant, the student named above is required to submit a personal recommendation. Corban requests your evaluation of this applicant's character. **Please complete and return promptly to: Office of Admissions, Corban College & Graduate School, 5000 Deer Park Drive SE, Salem, OR 97317-9392.** If you wish to speak to an admissions counselor about this applicant, please call 1-800-845-3005 or email admissions@corban.edu.

1. How long have you known the applicant? _____

2. How well do you know the applicant? Close personal relationship Fairly Well Casually By name only

3. What is your relationship to the applicant? _____

4. Please describe the applicant's strengths. _____

5. Has the applicant had any disciplinary, criminal or social problems? If yes, please comment: _____

6. Please check the area for each category which, in your opinion, best describes the applicant:

	Strongly Agree	Agree	Unsure/Neutral	Disagree	Strongly Disagree
Motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerned for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influences others for good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepted by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discerning in behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

9. Please add any additional recommendations or comments. _____

10. Your recommendation of this applicant to Corban:

Highly Recommend Recommend Recommend with reservations Do not recommend

PERSONAL INFORMATION (please print)

Your Name _____
Address _____
City _____ State _____ Zip _____
Email _____ Phone () _____
Signature _____ Date _____

REFERRALS

Thank you for completing this recommendation. Since Corban is a completely Christian college, your input plays an important role in the admission process. You may know of other prospective students who you believe might be interested and benefit from the educational process available at Corban. If you will use this opportunity to forward us information about them, we will provide them with materials about the college. Please consult our website for additional details about Corban: www.corban.edu.

1. Name _____ HS Grad Yr. _____
Address _____
City _____ State _____ Zip _____
Email (if known) _____ Phone () _____
High School Attending _____

2. Name _____ HS Grad Yr. _____
Address _____
City _____ State _____ Zip _____
Email (if known) _____ Phone () _____
High School Attending _____

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