



UNDERGRADUATE ADMISSION

(Applicant must fill out to dotted line and sign before giving to church leader. The church leader must not be related to you.)

Applicant's name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Church: _____

Applicant's name: _____

The individual named above has applied for admission to Hope International University. Please provide an evaluation of this person by completing this form to the best of your understanding.

I have known _____ since _____
 He/She is a _____
 He/She is _____
 He/She is _____
 He/She is _____

Very Low	Modest	Good	Very Good	Outstanding	Unable to Judge
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I would recommend _____
 for admission to Hope International University.
 Yes _____ No _____
 Signature: _____
 Date: _____

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WEAKNESSES:

STRENGTHS:

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NOTE!

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