

## Spiritual Life Recommendation

### TO BE COMPLETED BY APPLICANT

Applicant's Full Name: Last	First	Middle
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Be advised that due to the Family Education Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement below. *I willingly waive my rights of access to see this recommendation knowing that this waiver is NOT required as a condition of admission.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Confidential Information

### TO BE COMPLETED BY RECOMMENDER

**To the Recommender:** The above individual has applied for admission to Arizona Christian University and has given your name as a reference. Each applicant for admission must submit a recommendation. Serious consideration is given to this recommendation and therefore we request that you complete the form carefully and candidly and return it directly to the address below. If the waiver statement above is not signed by the applicant and there is information which you prefer to communicate to the Admissions Office personally, you may call the Admissions Office: (602) 489-5300 or (800) 247-2697, ext. 100.

**\*Recommender must be able to speak to the applicant's spiritual walk within the past 18 months.**

Recommender Name			
Title/Position			
Email		Phone (    )	
Address	City	State	Zip

1. How long have you known the applicant?

2. How well do you know him/her?

By Name and Sight       Casually       Fairly Well       Very Close

3. To the best of your knowledge, has the applicant placed his or her faith in Jesus Christ as Savior?

Yes       No       I don't know

4. To what extent is the applicant engaged in the activities of the church?

Actively participates       Regular attendee       Irregular attendee

5. In what forms of Christian Service has the applicant been regularly active? (i.e., Sunday School, Youth Groups, Choir, Orchestra, etc.)

6. If this applicant does not participate, do you know why?

7. To your knowledge does the applicant smoke, drink, or use habit-forming drugs?

Yes       No If yes, please comment on question number 8

8. Any recommendations or comments that you wish to make will be most helpful to the Admission Committee; i.e., personal habits, outstanding accomplishments, unfortunate problems, moral character, family factors, etc.

9. In your estimation, the applicant's spiritual influence on his/her classmates will be: (please check one)

Strengthening       Neutral       Injurious       I don't know

10. Recommender's specific recommendation:

Recommended for admission       Not recommended       Please call to discuss

Recommender signature \_\_\_\_\_ Date \_\_\_\_\_

**Return form to:**

Admissions Office

Arizona Christian University 2625 East Cactus Road, Phoenix, Arizona 85032

(602) 489-5300 (800) 247-2697 Fax (602) 404-2159

[Admissions@arizonachristian.edu](mailto:Admissions@arizonachristian.edu) [www.arizonachristian.edu](http://www.arizonachristian.edu)