

## Academic Reference

### TO BE COMPLETED BY THE APPLICANT.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the applicant:  DO  DO NOT waive the right to have access to this letter of reference after it is filed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### TO BE COMPLETED BY A TEACHER WHO KNOWS YOU OR A GUIDANCE COUNSELOR. MAY BE COMPLETED BY ANOTHER ADULT IF YOU HAVE ALREADY GRADUATED. THIS FORM IS NOT TO BE COMPLETED BY A RELATIVE.

Please give an evaluation of the applicant's behavior and attitudes in the following areas:

	High (top 10%)	Average	Weak	Unknown
Initiative				
Moral Integrity				
Respect for Authority				
Self Control				
Dependability				
Work Habits				

Additional information and comments may be included on the other side or a separate page.

Mount Vernon Nazarene University exists to shape lives through educating the whole person and cultivating Christ-likeness for lifelong learning and serving. MVNU's educational philosophy and purpose are shaped by its Wesleyan-Arminian holiness theological roots, informed by the Bible, focused on Christ-likeness in every aspect of life, and defined by an emphasis on loving God with all of one's heart, mind, soul, and strength, as well as one's neighbor's as one's self. Students are nurtured and empowered through caring relationships with faculty, staff, and administrators; challenged to be a devoted disciple of Christ; drawn toward discovery of wisdom and truth in every discipline of study; prepared for leadership in various professions; equipped to be lifelong learners; and sent into the world to live out their faith by offering their hearts and lives in service to God and others.

Does your knowledge of or experience with the applicant lead you to believe that he/she is committed to the above educational philosophy?  Yes  No

I have known the applicant for \_\_\_\_\_ years. My contact with the applicant has been through: \_\_\_\_\_

I recommend the applicant:  without reservation  with reservation  cannot recommend

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Church/Organization \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

Telephone \_\_\_\_\_

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