



ABILENE CHRISTIAN UNIVERSITY

# STUDENT LIFE REFERENCE FORM

## TO BE COMPLETED BY APPLICANT

A Student Life Reference Form may be completed by a current or former RA, advisor, club sponsor or on-campus employer. Approve one of the following statements before giving this reference form to your student life reference to complete.

- I HEREBY WAIVE ANY CLAIM to access reference forms written on behalf of my application.
- I DO NOT WISH TO WAIVE CLAIM to access reference forms written on behalf of my application.

Applicant's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Study Abroad Program for which you are applying:

Location	Semester or Summer	Year
<input type="checkbox"/> ACU in Germany	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) _____	
<input type="checkbox"/> ACU in Latin America	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) _____	
<input type="checkbox"/> ACU in Oxford	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> _____	

## TO BE COMPLETED BY STUDENT LIFE REPRESENTATIVE

How long have you known the applicant? \_\_\_\_\_

Please comment on the applicant's eagerness to learn and ability to work independently: \_\_\_\_\_

Additional remarks or other issues of which I should be aware: \_\_\_\_\_

- Highly Recommend  
  Recommend  
  Recommend with reservation  
  Do not recommend

Assessment	Excellent	Above Average	Adequate	Poor	Unable to Judge
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability/flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Complete this form and return to: Study Abroad Office, ACU Box 28226

OFFICE USE ONLY: Date received \_\_\_\_\_