

BELHAVEN UNIVERSITY
ACADEMIC REFERENCE
INTERNATIONAL STUDENTS
School Report for Applicants Only

This evaluation should be completed by a school counselor/college advisor, teacher, school administrator or employer. Fill in the information in the applicant section and give the form to the person completing the evaluation. The person completing the evaluation should mail the form directly to the:

Admission Office, Belhaven University, 1500 Peachtree Street, Box 153, Jackson, MS 39202
ph: (601) 968-5940 ph: (800) 960-5940 fax: (601) 968-8946 admission@belhaven.edu

APPLICANT

LEGAL NAME _____			
LAST	FIRST	MIDDLE	
SOCIAL SECURITY NUMBER _____			
PERMANENT HOME ADDRESS _____			
NUMBER AND STREET			

CITY	STATE	ZIP	COUNTRY
PERMANENT HOME PHONE _____			
AREA CODE AND NUMBER			

REFERENT

REFERENT'S NAME _____					
LAST	FIRST	MIDDLE			
POSITION _____					
SCHOOL ADDRESS _____					
NUMBER AND STREET		CITY	STATE	ZIP	COUNTRY
OFFICE TELEPHONE/E-MAIL _____					
HOW LONG HAVE YOU KNOWN THIS APPLICANT? _____					
IN WHAT CAPACITY? _____					

We would appreciate your candid evaluation of this student's ability to succeed at Belhaven University
PLEASE ATTACH THE APPLICANT'S OFFICAL TRANSCRIPT including courses in progress, and mail to:

ADMISSION OFFICE
Belhaven University
1500 Peachtree Street, Box 153
Jackson, Mississippi 39202

PLEASE ANSWER QUESTIONS CONCERNING APPLICANT ON REVERSE SIDE

ACADEMIC REFERENCE

Student Evaluation

(To be completed by a former Teacher, School Administrator or Employer in English)

Applicant's Name _____

Please assess the applicant by marking the appropriate boxes:

	Below Average	Average	Above Average
Moral Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative /Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant and in what capacity? _____

Do you believe that the applicant is well prepared emotionally to study and live in the United States? _____

Why? _____

How would you rate the applicant's English ability? (Circle response)

Reading	Excellent	Good	Poor
Writing	Excellent	Good	Poor
Speaking	Excellent	Good	Poor

Has the applicant had any disciplinary, criminal or social problems? _____

Do you believe the applicant has the financial backing necessary to study in the United States? _____

Further comments you may have: _____

CONFIDENTIALITY: We value your comments and ask you to complete this form in the knowledge that it will be used in the admissions process and does become part of the student's record while attending Belhaven University. Belhaven University does not discriminate on the basis of race, creed, color, national origin, sex, marital status, age or physical disability in its educational programs or activities.

I recommend this student:	with reservations	fairly strongly	strongly	enthusiastically
SIGNATURE _____				
Signature				Date