



www.goshen.edu

Toll free: 800.348.7422 | Phone: 574.535.7535

Email: admission@goshen.edu

# College reference

**PART 1:** This section is to be completed by the student

Student Name: \_\_\_\_\_  
*Last First Middle/Maiden*

Student Address: \_\_\_\_\_  
*Street/Route/Post office box City State/Province ZIP/Postal code Country*

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_  
*Mo. Day Year*

*Because of the Family Educational Rights and Privacy Act of 1974, this reference will now be accessible to the student if requested. The guidelines recommend that the referee will either discuss the written statement or share its contents with the applicant in an interview.*

**PART 2:** This section is to be completed by the Dean of Students (or another appropriate officer, such as the academic dean, registrar, etc.) at the college most recently attended.

**How long has this student attended your institution?**

- 1 year or less
- 2 years or less
- 3 years or less
- more than 3 years

**The following information is based on:**

- files on record
- personal association and interaction
- casual observation

**1. Has the applicant been accused of violating trust or being dishonest?**

- Yes
- No

**2. Has the student demonstrated disruptive behavior?**

- Yes
- No

**3. Is the applicant on academic probation?**

- Yes
- No

**4. Is the applicant on suspension?**

- Yes
- No

**5. Is the applicant now or has been subject to disciplinary procedures or actions?**

- Yes
- No

*If you answered "yes" to any of the questions above, please provide additional information in the comment section below.*

**RECOMMENDATION:** I recommend this candidate for admission to Goshen College:

	not recommended	without enthusiasm	fairly strongly	strongly	enthusiastically	school policy precludes recommendation
For academic promise	<input type="checkbox"/>					
For character and potential	<input type="checkbox"/>					
overall recommendation	<input type="checkbox"/>					

**COMMENTS:** Please use space provided or additional pages.

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

College or university: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO:** Goshen College Admission Office  
1700 South Main St., Goshen, IN 46526 | Fax: 574.535.7609