

Reference Form

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT)

Instructions: Use this form to secure a reference from someone who can attest to your character and academic or work experiences. The reference cannot be related to you. Examples of references include high school teachers, counselors, or administrators; pastors, youth ministers or work supervisors. For home-educated students: If your only educator was a parent, please secure your references from the examples provided above. Please write your name and birthdate on page 2 of the reference form.

Last Name *(please print)*

First Name

Middle Initial

Address

City, State, Zip

Phone

Email Address

I hereby waive any right to review this form after completion. I understand that this reference is confidential between the reference and College of the Ozarks and will not be returned to me.

Applicant's Signature

Date

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The person named above is applying for admission to College of the Ozarks (C of O). Full-time students are required to work 15 hours per week on campus in addition to their enrollment in classes. Such commitment requires a solid work ethic, and it is essential that you be candid in your evaluation. C of O is a Christian college and it is important that students are able to be satisfied in such an environment. This reference is confidential between the reference and College of the Ozarks and will not be returned to the applicant. Please return the reference form directly to College of the Ozarks Admissions Office, PO Box 17, Point Lookout, MO 65726.

How long have you known the applicant? _____ What is your relationship with the applicant? _____
(teacher, pastor, supervisor, etc.)

Please check the appropriate box and provide any comments you believe will be useful in an honest assessment of the candidate

Excellent

Good

Average

Poor

Unknown

Character

☐☐☐☐☐*Comments:*

Time management

☐☐☐☐☐*Comments:*

Respect for authority

☐☐☐☐☐*Comments:*

Planning/Organization

☐☐☐☐☐*Comments:*

Ability to cope

☐☐☐☐☐*Comments:*

Applicant Name _____ Date of birth _____

ADDITIONAL INFORMATION

The mission of the College is to serve students who show financial need. If you are aware of any circumstances which may assist the student in illustrating financial need, please provide that information below.

If you are associated with the applicant through educational experience, please comment on his/her academic ability. If you are associated with the applicant through church, or other areas, please comment on the student's activity in those areas.

Please comment on the applicant's work ethic, and if you would hire or rehire the applicant in a work situation.

Do you believe the applicant is a good fit for College of the Ozarks? Please describe why or why not.

Please check one statement below:

- ☐ I recommend this student for admission to College of the Ozarks
- ☐ I do not recommend this student be admitted to College of the Ozarks.
- ☐ I prefer not to make a recommendation.

Thank you for taking the time to provide information about the applicant. Please feel free to attach a personal letter of recommendation or provide additional comments if you wish. Please complete the information below, sign, and return to:

College of the Ozarks®
Admissions Office
PO Box 17
Point Lookout, MO 65726

Your name (Please Print)

Address City, State, Zip

Position/Title

Phone

Signature

Date Signed