



WARNER UNIVERSITY

TRANSFER REFERENCE

TO BE COMPLETED BY THE APPLICANT:

Please print your name on this form and then have it completed and returned to us by a School Administrator, Academic Dean or Professor.

Last Name First Name Middle Name

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Telephone Number Social Security Number

Street Address

City State Zip Code

WAIVER OF RIGHTS: I hereby waive my right to have access to this evaluation form when completed, and understand that this confidential reference is to be used only in consideration of my application to Warner University.

Applicant's Signature Date

TO BE COMPLETED BY ONE OF THE FOLLOWING:

School Administrator, Academic Dean, or Professor.

The above student is applying for admission to Warner University. We value your comments highly and ask that you give a full and candid report so that fair consideration may be given to the applicant. We therefore ask for careful appraisal of the applicant's ability, conduct, personality, and character. Your cooperation in answering these questions will be greatly appreciated.

How long have you known the applicant? _____

In what context have you known the applicant? _____

Please write a summary of the applicant assessing the academic record, personal qualities, and promise as a student at Warner University. We are particularly interested in evidence about character, relative maturity, integrity, independence, and values. Also, any special talent or quality in the applicant should be noted. Photocopied reports are acceptable. (Please use the back of this form or attach additional sheets, if necessary)

I recommend this applicant for admission to Warner University:

	With Enthusiasm	Strongly	Fairly Strongly	Without Enthusiasm	Not Recommended
For Academic Promise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For Character & Personal Promise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Recommendation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name Position/Title

Street Address

City State Zip Code

Signature Telephone Number Date

Please complete and return this form directly to:
Office of Admissions, Warner University, 13895 Highway 27, Lake Wales, FL 33859