



Living University

2301 Crown Centre Drive, Suite A
Charlotte, NC 28227-7705

Counselor Recommendation Form

To the Applicant:

Please complete and sign this section of the form. Once you have completed this section, present it to your high school counselor or academic adviser for completion.

Applicant's Name (PLEASE PRINT):

Applicant's Present Address:

Last

First

Middle

Street or Post Office Box

City

State

Zip

County

I willingly waive my right to review this recommendation to better enable the person completing this form to do so without reservation. I hereby authorize the release of the information requested in this form to Living University for their use in considering my application for admission to the University. I understand that all information so released will be held in confidence by the University and will not be disclosed to me. I understand this recommendation must be mailed directly to Living University.

Applicant's Signature

Date

To the Counselor Recommending Applicant:

Living University is a Christian institution of higher learning. Applicants for admission are required to submit a recommendation from a high school counselor or academic adviser. Your comments will be given serious attention and will be held strictly confidential. We appreciate your forthright assessment of this individual.

1. How long have you known the applicant? 0-1 Year 1-5 Years 5-10 Years Over 10 Years
2. What is your relationship with the applicant? Close Relationship Fairly Well Casually By Name Only
3. To the best of your knowledge, is the applicant striving to live a moral and ethical life? Yes No
(If no, please explain.)

4. In your opinion, what are her academic strengths and weaknesses?

5. Please check the word or words in the following list which, in your best judgment, best characterize the applicant.

WRITING ABILITY

Exceptional Outstanding Above Average Average Below Average Unable to Determine

WORK DISCIPLINE

Exceptional Outstanding Above Average Average Below Average Unable to Determine

RESPONSIBILITY

Exceptional Outstanding Above Average Average Below Average Unable to Determine

GROWTH POTENTIAL

Exceptional Outstanding Above Average Average Below Average Unable to Determine

INTELLECTUAL ABILITY

Exceptional Outstanding Above Average Average Below Average Unable to Determine

CREATIVITY

Exceptional Outstanding Above Average Average Below Average Unable to Determine

MOTIVATION

Exceptional Outstanding Above Average Average Below Average Unable to Determine

INITIATION

Exceptional Outstanding Above Average Average Below Average Unable to Determine

EMOTIONAL MATURITY

Exceptional Outstanding Above Average Average Below Average Unable to Determine

6. On the basis of the foregoing, what is your recommendation of this applicant for admission to Living University?

Exceptional Highly Recommended Recommended Recommended with Reservations Not Recommended

Please contact me to discuss this applicant further

Name

Position

Telephone

Street or P.O. Box Number

City

State, Zip, Country

Signature

Date

Thank you for completing this recommendation. Your input helps us make a well-informed admission decision.

Please return to:

Admissions Office
Living University
2301 Crown Centre Drive, Suite A
Charlotte, NC 28227-7705

TEL: 704 844-1966 • FAX: 704 844-1967 • E-MAIL: admissions@livinguniv.com • www.livinguniv.com