



OUACHITA HILLS COLLEGE

Ouachita Hills College, Office of Admissions, P. O. Box A, Amity, AR 71921 USA
Information, 870-342-6210 FAX 870-342-9569 **Please print clearly or type.**

Office Use Only	
Date	
Term	
ID	

Instructions to the Student:

References are vital to the admissions decision. These three forms should be completed by people who know you well. Please give one form to your pastor, a second form to a teacher or principal, and the third to your employer or another responsible person. A final decision cannot be made until these forms are in our admissions file.

Applicant's Name: _____ Phone: _____

Address: _____
City State Zip

I waive the right to read this application. I do not waive the right to read this application.

Signature: _____

Recommender:

This student has applied for admission to Ouachita Hills College. Since applicants are required to have this form on file before admission can be considered your prompt appraisal will be appreciated. Please bear in mind that Ouachita Hills College is a Seventh-day Adventist college desiring to admit students who wish to live in harmony with the ideals this implies. Please speak frankly in your comments.

Please rate the applicant in the following areas:

	Exceptional	Good	Fair	Poor	No Knowledge
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant use any of the following?

	I do not know	No	Yes	If "Yes" please comment:
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Make any additional comments about this applicant:

Recommendation: In consideration of the above evaluation, do you recommend this applicant to a Christian college?

Check one of the following:

- Strongly recommend Recommend Recommend with reservations Do not recommend

Recommender's name: _____ Title: _____

Home phone: _____ Office phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____

Place
Stamp
Here

Ouachita Hills College
Office of Admissions
P. O. Box A, Amity, AR 71921 USA

Please fold on this line with the college address on the outside, and tape before mailing. Thank you.
