Reference Form

Kairos Universiy Campus of AEU

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	Please Mark 'X' Pastor Employer/Asso		e boxes. (□) (□) (□)			
Applicant's Name:	Last	First	Middle			
Applicant's Address	Street			Apt#		
	City		State		Zip Code	
(Tel): _(
	ght of access to see this reco		ving that this waiver is NOT	requires as a condition		
Recommender's Name	Last		First	Middle		
Address Street				Apt #		
	City		State		Zip Code	
(Tel): (Work) ()		(Home/mobile) ()		
(Organization Name)		(I	Position)			
		0	3	5	8	10
(Spiritual Maturit Experience)	ry: Christian Faith	Immature ()	Fair ()	Average ()	Growing ()	Excellent ()

	0	3	5	8	10
(Church Involvement and Activity)	Not frequently ()	Regularly ()	Passively ()	Actively ()	Deeply involved
	0	3	5	8	10
(Leadership Quality)	Never Leads	Fair ()	Average ()	Good ()	Excellent ()
	0	3	5	8	10
(Cooperation and Teamwork)	Seldom ()	Fair ()	Average ()	Good ()	Excellent ()
	0	3	5	8	10
(Responsibility and Initiative in Undertaking a New Project)	Poor ()	Fair ()	Average ()	Good ()	Excellent ()
	0	3	5	8	10
(Emotional Stability in Stressful Situation)	Unstable ()	Fair ()	Average ()	Well ()	Excellent ()
 ◆ (Relation with the applicant): ◆ (How long have you known this a ◆ (Recommender's Comments): 	applicant?) :	(Year	<u>'s)</u>		
(Please assess this applicant for admission strongly recommended (□) recommended (□) not recommended (□)					
(Recommender's Signature) :		[] (I	Oate) :		