

## Reference

**To the Applicant:** Print your name and address on the two lines below and sign the waiver if you are willing to give up your right to see this form at some later date. Please provide for the person completing this reference a stamped envelope addressed to the registrar:  
PIU Registrar – 172 Kinney’s Rd. – Mangilao, Guam 96913

Name of Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

I willingly waive my right of access to this recommendation knowing that this waiver is not a required condition for admission.

Signature: \_\_\_\_\_

**Reference:** The above named person is applying for admission into PIU and is asking you to furnish a reference. PIU is a Christian institution with definite Christian goals and our desire is to admit those who will profit the most from their studies here. It is essential that you be frank, fair, and accurate in your remarks and estimates.

1. How long have you known the applicant?  Less than one year  1-5yrs.  All his/her life

2. What is your opinion regarding the applicant’s desire work?

negative  hesitant  moderate  strong  highly enthusiastic  no knowledge

3. What is your opinion of the applicant’s level of spiritual readiness for college?

negative  hesitant  moderate  strong  highly enthusiastic  no knowledge

4. Do you feel the applicant has leadership ability? Please describe briefly. \_\_\_\_\_

\_\_\_\_\_

5. Does the applicant work well with others and submit to authority \_\_\_\_\_

\_\_\_\_\_

6. What is the applicant’s relationship with others? Applicant is:

sought out  admired but not sought out  tolerated  avoided  rejected

7. Would you be happy to have this person continue in or return to your church or community upon completion of their studies here at PIU?

Yes  No

8. Please comment on the applicant’s

A. ability to take directions.

\_\_\_\_\_

B. ability to make decisions and carry through the plans.

\_\_\_\_\_

9. How effective is he/she in communicating

A. private conversation? \_\_\_\_\_

B. public speaking? \_\_\_\_\_

10. In what areas has he/she demonstrated to be an effective leader? \_\_\_\_\_

11. Personality: Check any of the following words that describe the applicant. Please insert additional adjectives if you wish.

- |  |   |                                      |                                       |
|--|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Enthusiastic  | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Sensible    | <input type="checkbox"/> Responsible  |
| <input type="checkbox"/> Average       | <input type="checkbox"/> Shy            | <input type="checkbox"/> A follower  | <input type="checkbox"/> A servant    |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Patient        | <input type="checkbox"/> A leader    | <input type="checkbox"/> Outgoing     |
| <input type="checkbox"/> Outspoken     | <input type="checkbox"/> Unimaginative  | <input type="checkbox"/> Lazy        | <input type="checkbox"/> An organizer |
| <input type="checkbox"/> Happy         | <input type="checkbox"/> Insecure       | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Sheltered    |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Nervous        | <input type="checkbox"/> Resourceful | <input type="checkbox"/> Intense      |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Persistent     | <input type="checkbox"/> Respectful  | <input type="checkbox"/> Slow         |
| <input type="checkbox"/> Opinionated   | <input type="checkbox"/> Loyal          | <input type="checkbox"/> Moody       | <input type="checkbox"/> High-strung  |

12. Further comments that you may have regarding the applicant: \_\_\_\_\_

13.  I recommend       I do not recommend       I recommend with the following reservations:

Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box      City/Island      State      Zip Code      Phone

Signature: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box      City/Island      State      Zip Code      Phone