

REFERENCE

NAME OF APPLICANT: _____

Please send the attached reference forms to the people indicated. The remaining forms can be sent to adults who have known you well for a period of time and are not related to you. Enter the names and other information in the spaces provided below. In order that these references may be as objective as possible, a "Student Right to Inspect and Review Admission Recommendations" is included at the top of each reference form. We reserve the right to exclude from consideration any recommendation that does not include the signed waiver. **RETURN THIS SUMMARY SHEET WITH YOUR APPLICATION.**

If you are attending a Missouri Synod college or university (or have graduated within the last two years) please arrange for a recommendation from your college or university president to be forwarded to our admission office.

Name _____ Address _____
Pastor (use the yellow sheet)

Phone (____) _____

Name _____ Address _____
Chairman of the Congregation

Phone (____) _____

Name _____ Address _____
Recent Instructor *

Phone (____) _____

Name _____ Address _____

Phone (____) _____

Name _____ Address _____

Phone (____) _____

*Applies only to current and recent (within 2 years) college students

Note: All references should be returned to the **attention of the Admission Department.**