

SOUTHEASTERN UNIVERSITY

Personal Reference for Evening/Weekend and Online Studies

1000 Longfellow Blvd. Lakeland, Florida 33801-6034 toll free 800.500.8760 fax 863.667.5200

Applicant Information

For SEU office use: ID#

This assessment should be completed by an individual who knows you well and can provide the Admission Committee with a candid assessment of your personal qualities. *(The individual may not be a relative).*

Applicant Name _____ Date of Birth ____/____/____
Last First Middle

Street/P.O. Box _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Applicant Signature _____ Date _____

Recommendation

The above named applicant is applying to Southeastern University. Your candid assessment of the applicant's personal qualities will be of significant value to the Admission Committee. Please complete and return this form as quickly as possible. Thank you!

How long have you known the applicant? _____

In what context? _____

Does the applicant possess any attitudes or participate in any behaviors that are inconsistent with Southeastern's standards?

Please describe the applicant in the following areas:

	<i>Outstanding (top 5%)</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness for College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information which may assist the Admission Committee: _____

For admission to Southeastern University, this applicant is recommended:

With Enthusiasm Strongly Fairly Strongly With Reservation Not Recommended

Print Name _____ Position/Title _____

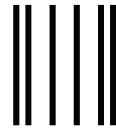
Organization _____ Telephone (____) _____

Street/P.O. Box _____ City _____ State _____ Zip _____

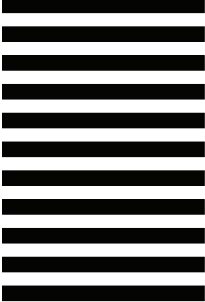
Signature _____ Date _____

Thank you for your assistance. Please return the completed recommendation to Southeastern University. For mailing, fold this form along the dotted lines and tape closed.

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