

**To be completed by Student**

Name \_\_\_\_\_ Phone \_\_\_\_\_

- I have waived my right of access to information included on this reference form. It is therefore confidential and will be seen only by the Admissions Committee.
- I have not waived my right of access to information included on this reference form. It will therefore be subject to my review upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Reference:** To complete this form online, visit [JohnsonU.edu/UndergraduateReference](http://JohnsonU.edu/UndergraduateReference).

The person above has applied for admission to JOHNSON UNIVERSITY and has submitted your name as a reference. If the applicant has waived right of access, your reference will remain confidential.

How long have you known the applicant? \_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_

My last contact with the applicant was  within the last month  1-6 months ago  
 7-12 months ago  1-2 years ago

Please check the appropriate box	Excellent	Good	Average	Poor	Unknown
<b>Christian Example</b>					
<b>Character</b>					
<b>Dependability</b>					
<b>Judgment</b>					
<b>Maturity</b>					
<b>Motivation</b>					
<b>Personality</b>					

- Check one:  I recommend this applicant without reservation. (Comment below.)  
 I recommend this applicant with reservations. (Please explain below.)  
 I do not know this applicant well enough or have sufficient information to give a reference.  
 I do not recommend this applicant. (Please explain below.)

Comments or Explanations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Phone \_\_\_\_\_

Organization \_\_\_\_\_

Position/Title \_\_\_\_\_

Mail to: Johnson University Tennessee  
 Admissions Office  
 7900 Johnson Drive, Knoxville, TN 37998  
 or Fax to: 865.251.3333

- or -

Johnson University Florida  
 Admissions Office  
 1011 Bill Beck Boulevard, Kissimmee, FL 34744  
 or Fax to: 321.206.2007