



HARDING

U N I V E R S I T Y

915 E. MARKET AVE.
SEARCY, AR 72149
TEL: 800-477-4407
FAX: 501-279-4129

APPLY ONLINE AT:
WWW.HARDING.EDU

Confidential Character Reference

Instructions for applicant: Completed reference forms are essential to an admission decision. Complete the upper portion of this character reference and submit it to a **preacher, elder** or **long-time friend of your family**. Please provide a stamp and return envelope.

APPLICANT'S NAME

ADDRESS

CITY

STATE

ZIP CODE

As an applicant for admission, I am requesting that this confidential reference form be completed and forwarded to Harding University, Office of Admissions Services, Box 12255, Searcy, AR 72149-2255. I understand that I will not have access to this information.

SIGNATURE

THIS PORTION IS ONLY TO BE FILLED OUT BY THE REFERENCE.

The person whose name and address appear above is an applicant for undergraduate admission at Harding University. This form is to be completed and mailed directly to the Office of Admissions Services at Harding University. Your response will remain confidential.

- | YES | NO | UNKNOWN | Please check one on each line: |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Based on the applicant's strong character, this individual would be an asset to Harding's Christian community. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | This person's lifestyle will be consistent with Harding's moral Code of Conduct. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | To the best of my knowledge, this person is honest and trustworthy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | To the best of my knowledge, this person is in good standing with legal authorities.. |
| Please check one: | | | <input type="checkbox"/> Recommended for admission |
| | | | <input type="checkbox"/> Not recommended |
| | | | <input type="checkbox"/> Prefer not to make a recommendation |
| | | | <input type="checkbox"/> Call me |

- Please check one:**
- I am well acquainted with the applicant.
 - I am moderately acquainted with the applicant.
 - I do not know the applicant.

PLEASE RETURN TO:

Harding University
Office of
Admissions Services

Box 12255
915 E Market Ave
Searcy, AR
72149-2255

Fax: 501-279-4129

Please explain any "yes" answers to the previous questions. List on back positive contributions this student can make to Harding University. Also, feel free to add any other comments concerning leadership abilities, personality, social talents, problems, etc. In compliance with Section 504 of the Rehabilitation Act of 1973, you are advised to avoid reference to any handicaps an applicant may have.

SIGNATURE

OCCUPATION/TITLE

()

ADDRESS

PHONE

The above address and phone number apply to my office residence.

You can also complete this form online at www.harding.edu/admissions/applicationforms.html.

Thank you for your assistance.