



APPLICANT REFERRAL FORM

TO THE APPLICANT: This recommendation should be completed and sealed in a separate envelope by your Referral. The sealed envelope needs to be submitted with your application form at the Admissions Office.

The Referral can not be a relative. You may ask a superior at your job or ask a person that can objectively evaluate you and that knows you for at least six months.

Date _____ Phone (_____) _____

Applicant's Name _____

Address _____

City _____ Country _____

CONFIDENTIAL

TO THE Referral: The above named is applying for admission to Kingdom Leadership Institute. Serious consideration will be given to your comments. Please fill out the following and place in a sealed envelope. Thank you for your assistance.

1. How long have you known the applicant? (Must be six months or longer.) _____

In what capacity? _____

2. How well do you know him/her (Please check one.)

Very well

Fairly well, numerous personal contacts

Casually, few personal contacts

By name/sight

3. Please indicate what you consider to be the applicant's strengths. _____

4. Do you know of any weaknesses of which we should be aware? _____

5. To your knowledge, does the applicant: Smoke? Yes No Drink? Yes No
Use illegal drugs? Yes No Comments: _____

6. Please describe home factors which might affect the applicant's success at KLI _____

7. Please add any further comments you may have which would help in our evaluation. _____

PLEASE CHECK ONE:

I *highly* recommend I recommend

I recommend *with reservation* → Please explain: _____

I *cannot* recommend → Please explain: _____

PLEASE PRINT OR TYPE THE INFORMATION BELOW:

Name _____ Phone (____) _____

Name of Organization _____

Address _____

City _____ State _____

Signature _____ Date _____

Please place this form in a sealed envelope and return to the applicant for submission at the Admission Office.