



# SPRING ARBOR UNIVERSITY

## MINISTER'S RECOMMENDATION

**This entire form is to be completed by the minister.**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

This student has applied for admission to Spring Arbor University. Please respond to the following questions.

1. How well do you know the applicant? (Check one)

\_\_\_ Know very well.

\_\_\_ Know fairly well.

\_\_\_ Do not know personally.

2. What are the applicant's outstanding talents (art, athletics, drama, music, etc.)? \_\_\_\_\_  
\_\_\_\_\_

3. Comment on the applicant's character and personality. \_\_\_\_\_  
\_\_\_\_\_

4. Are there family factors which might affect the applicant's success at Spring Arbor University? \_\_\_\_\_  
\_\_\_\_\_

5. Additional comments are welcome.

Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_

Church/Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Please return this recommendation to:**

**OFFICE OF ADMISSIONS**  
Spring Arbor University  
Spring Arbor, Michigan 49283  
Admissions Office / 517.750.6468 or 800.968.0011  
Fax / 517.750.6620  
www.arbor.edu / e-mail: admissions@arbor.edu