



Academic Reference Form

Instructions for Student: Please complete the student portion below and forward this Academic Reference Form to a former teacher, professor, or academic administrator of your choice.

Instructions for Evaluator: Please complete the information on the attached page and forward it to:

**Great Lakes University
Office of Admissions
P.O. Box 4347
Auburn Hills, MI 48326
Phone: 248-475-0702
Fax: 248-409-2786
glubfalconer@yahoo.com**

TO BE COMPLETED BY STUDENT APPLICANT:

Last Name	First	Middle	Maiden
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Address	City	State	Zip
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My signature below signifies my authorization to release the following information to be considered in my application for admission to Great Lakes University. I understand that all information provided will be held in confidence by the college and will not be released to any other party or to me. I understand this Academic Reference Form is to be mailed directly from the evaluator providing the reference. (To provide them with and addressed stamped envelope is appropriate.)

Signature of Applicant

Date

