



**OHIO VALLEY**  
UNIVERSITY

# OVU EDGE REFERENCE FORM

**OVU OFFICE OF THE ADMISSIONS**  
1 Campus View Drive, Vienna, WV 26105-8000  
304.865.6200 | admissions@ovu.edu

The applicant below would like to be accepted to the *Ohio Valley University Edge* program. If accepted, the student will spend a week on the OVU campus and participate in chapel, college level courses, field trips, community service, and recreational activities.

## REFERENCE INFORMATION

OVU Edge Applicant Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

*I confirm that the information in the form below is both true and correct:*

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RATE THE APPLICANT

*Rate the applicant in each of the following categories as best you can: 5 = excellent – 1 = poor*

College Readiness: 1 2 3 4 5

Behavior in the Classroom: 1 2 3 4 5

Integrity: 1 2 3 4 5

Academic Scholarship: 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Spirituality: 1 2 3 4 5

Leadership: 1 2 3 4 5

Ability to Work With Others: 1 2 3 4 5

## ABOUT THE APPLICANT

Please discuss the student's greatest strengths and greatest weaknesses:

Please tell us anything else we should know about the student: