

Arlington Baptist University

Recommendation for Admission

To be filled out by a pastor of the church you are currently attending.
(NON-RELATIVE)

Applicant's Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Please specify the program and term that you are applying:

Residency

Fall

Online

Spring

PERSONAL REFERENCE

The student named above has applied for admission to Arlington Baptist University. Your personal appraisal is of great importance to the Office of Admissions and will assist in counseling to the student after admission.

How long have you known the applicant? _____

What is your church relationship to the applicant? _____

How long has the applicant attended your church? _____

To your knowledge, has the applicant ever been convicted of a felony? _____

Please rate the applicant according to your assessment by checking the appropriate box:

	Very Low	Modest	Good	Very Good	Outstanding	Unable to Judge
Academic Ability						
Strength of Character						
Degree of Motivation						
Emotional Maturity						
Possibility of Success in College						

Arlington Baptist University

Briefly summarize your evaluation of this individual, explaining particular weaknesses and strengths.

WEAKNESSES:

STRENGTHS:

Do you recommend the applicant for admission to Arlington Baptist University? Yes No

Name (Please Print): _____

Name of Church where employed _____

Address of Church _____

City: _____ State _____ Zip Code: _____

Signature _____ Date _____

Please check your position in the church: Pastor Youth Pastor Associate Pastor

Home Phone (____) _____ Work Phone (____) _____

Please mail completed form to:

Arlington Baptist University • Attn: Kim Marvin • 3001 W. Division St. • Arlington, TX 76012

Fax to 817-274-1138

Email to kmarvin@arlingtonbaptistcollege.edu

Any questions, please call Kim Marvin at 817-987-1769.