## **Recommendation for Admission**

This reference form is to be filled out by a non-relative of the student applying for admission into **Arlington Baptist University**. This can be filled out by a pastor/coach/or someone in a mentoring position to the applicant.

At any time, a student may ask to view his/her records. Please indicate whether you want this reference to be viewed by the student. ☐ Yes ☐ No Please answer the following questions: Applicant's Name **Your Name** What is your relationship to the student? Where is your place of mentoring? ☐ Church ☐ School ☐ Work ☐ Other Location Name \_\_\_\_\_ How long have you known the applicant? **Your Contact Information Address** Line 2 City State Zip Code Email Address \_\_\_\_\_ Phone Number

Please rate the applicant according to your own observation in the following seven areas:

Category	Very Low	Modest	Good	Very Good	Outstanding	Unable to Judge
Academic Ability						
Strength of Character						
Self- Motivation						
Emotional Maturity						
Leadership						
Respect of Authority						
Dependability						

Arlington Baptist University is founded on biblical principles, and as such is interested in the spiritual maturity of their students. Please rate the student in the following five areas:

Category	Very Low	Modest	Good	Very Good	Outstanding	Unable to Judge
Spiritual Maturity						
Service to Others						
Church Involvement						
Ability to Discuss Spiritual Matters						
Desire for Biblical Truth						

Briefly summarize your evaluation of this individual, explaining weaknesses and strengths you have observed.

Weaknesses
Strengths
Would you recommend the applicant for admission to Arlington Baptist University?
□ Yes □ No
Please send this recommendation form to the ABU Admissions Office at:
3001 W. Division St. Arlington, TX 76012
Or Email it to the ABU Admissions Office at <a href="mailto:admissions@abu.edu">admissions@abu.edu</a> .
Or Fax it to (817) 274-1138