PERSONAL RECOMMENDATION

Please have a non-family member fill out this form.

Mail or Email

Admissions Office Providence Baptist College 345 West River Road Elgin, IL 60123 office@pbcmaverick.com

Please print in ink. Please fill out completely.

Part I Completed by the applicant.			
Name			
Address			
Phone Birth date			
Signed	Date	/	/
Part II - Confidential Completed by the reference.			
The person named above has applied for admission to Providence comments highly and ask that you give a complete and candid rebe given to the applicant. Upon completion of this form, please reat the address noted above. DO NOT give this form to the application of the applicatio	eport so tha eturn it to th	nt fair consid	eration may
1- How long have you known the applicant?			
2- Please describe your relationship with the applicant.			
3- Please give your general impression of the applicant.			
4- Is there anything in the applicant's past which may be imaware of (addictions, questionable practices, misdemeanors			

5- Please list strengths of th	ne applicant.							
6- Please assess your perce	ption of the ap	oplicant's pote	ential for acad	emic succe	ess.			
7- Please describe the spiritual maturity and Christian character of this applicant.								
8- Please rate the applicant on the following characteristics:								
Dependability	Superior	Very Good	Average	Poor	Unknown			
Moral Character								
Cooperation with Others								
General Intelligence								
Integrity								
9- Would you recommend that we accept this applicant for admission to Providence Baptist College? ☐ With enthusiasm ☐ Strongly ☐ With reservations ☐ Not at this time								
Name			_ Phone					
Address								
Signed					/			