

PERSONAL RECOMMENDATION

Mail to:
Admissions Office
Providence Baptist College
345 West River Road
Elgin, IL 60123
Or fax: 847-931-7259

Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Telephone Number: (_____) _____ - _____ Birth Date: ____/____/____

Signed: _____ Date: _____

Part II: To be completed by the reference

The person named above has applied for admission to Providence Baptist College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Administrative Services Office at the address noted above. **DO NOT** give this form to the applicant. For assistance with this form, please call (847) 931-7222.

Confidential

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

