

Pastor's *recommendation*

Mail to

Admissions Office

Golden State Baptist College, 3520 De La Cruz Blvd., Santa Clara, CA 95054

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

Telephone Number: (____) _____ Entrance Date: Spring 200____ Fall 200____

Birth Date: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Student Signature: _____ Date: _____

Part II: To be completed by the reference.

The person named above has applied for admission to Golden State 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 Admissions Office at the address noted above. **DO NOT** give this form to the applicant. For assistance with this form, please call (408)988-8551.

Confidential

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

Please list strengths of the applicant.

