PERSONAL RECOMMENDATION
GOLDEN STATE BAPTIST COLLEGE

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: Fall 20_____ Spring 20_____

Birth Date: _____ / _____ / _____ Social Security Number: _____ *(Last 4 digits)*

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.

Please assess your perception of the applicant's potential for academic promise.

Please describe the spiritual maturity and Christian character of this applicant.

Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	☐	☐	☐	☐	☐
Moral character	☐	☐	☐	☐	☐
Cooperation with others	☐	☐	☐	☐	☐
General intelligence	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐

	Faithful	Frequent	Sporadic	Never	Unknown
Church attendance	☐	☐	☐	☐	☐
Soul winning	☐	☐	☐	☐	☐
Youth group involvement	☐	☐	☐	☐	☐
Bus ministry	☐	☐	☐	☐	☐

Would you recommend that we accept this applicant for admission to Golden State Baptist College?

☐ With Enthusiasm ☐ Strongly ☐ With Reservations ☐ Not At This Time

Name: _____
　　　　　 Last　　　　　　　　　　　　　*First*　　　　　　　　　　　　*Middle*

Church Name: _____

Position/Title: _____

Mailing Address: _____
　　　　　 Street　　　　　　　　　　*City*　　　　　　　　　　*State*　　　　　*Zip*

Daytime Telephone Number: (_____) _____

Signature: _____ Date: _____ / _____ / _____