

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: ____ / ____ / ____

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.

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