



STUDENT RECOMMENDATION FORM

American Baptist College

Office of Admissions and Records

Telephone (615) 687-6907 Fax: (615) 226-7855

Email: admissions@abcnash.edu

1800 Baptist World Center Drive; Nashville, Tennessee 37207

www.abcnash.edu

TO THE APPLICANT: Fill in the requested information in this section **ONLY**. Then give the form and a stamped envelope to the person(s) you have selected to provide references.

STUDENT: _____
(Last) (First) (MI)

STUDENT Address (City) (State) (Zip Code)

PROPOSED PROGRAM OF STUDY: (Check One)

- Associates of Arts in Music
- Associates in General Studies
- B.A. Bible and Theology
- B.A of Theology
- B.A. Entrepreneurial Leadership

SEMESTER OR YEAR APPLYING

- Fall, 20__
- Spring 20__
- Summer 20__

NAME OF PERSON COMPLETING THIS FORM _____

TO THE RESPONDENT: American Baptist College would appreciate information from you concerning this applicant. Please respond to items on both sides of this form. Your responses will be kept confidential.

GENERAL BACKGROUND

How long, and in what capacity, have you known the applicant? _____

What is your estimate of the applicant's intellectual ability? _____

How well qualified do you consider the applicant to be for post-secondary study? _____

What is your estimate of the applicant's commitment to religious faith? _____

Please evaluate the applicant's qualifications by checking the appropriate spaces below.

	Excellent	Good	Satisfactory	Unsatisfactory	No Basis For Judgement
Citizenship					
Potential for Leadership					
Willingness to Work					
Attitude Toward Education					
Intellectual Ability					
Personal Morality					
Ability to Formulate, Execute and Complete Plans					
Oral Expression					
Written Expression					
Breadth of Knowledge					
Sensitivity to the Needs of Others					
Ability to Get Along with Others					
Dedication to Church Work					

Are there any other comments you wish to make that will assist us in considering this applicant for admission to the college?

RESPONDENT SIGNATURE _____ **Date** _____

Position/Title _____

Address _____
(Number and Street) (City) (State) (Zip Code)

DO NOT RETURN TO APPLICANT.

Please scan and email to: admissions@abcnash.edu
or fax to 615-226-7855

**American Baptist College
Office of Admissions
1800 Baptist World Center Drive
Nashville, Tennessee 37207**

American Baptist College is an Affirmative Action/Equal Opportunity employer. The College subscribes to and endorses the Civil Rights Act of 1964. No person shall on the grounds of race, color, national origin, age, or handicap, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity of the College. Further, American Baptist College, pursuant of Title IX of the Education Amendment of 1972, does not discriminate on the basis of sex, age, or handicap in the education programs or activities of the College, including health related training programs.