

Recommendation

To Be Filled Out by the Applicant

Applicant Name

Email Address

By emailing this form to you--from the email address above--I willingly waive my right of access to see this recommendation. I expect that the observations made shall remain confidential between Southern Bible Institute & College and the person making the recommendation.

To Be Filled Out by the Person Making the Recommendation

The person named above has applied for admission to Southern Bible Institute & College. We highly value your comments and ask that you give a full and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please send--from your email address--to the Office of Admissions. Thank you for your assistance.

Name

Address

City

State

Zip

E-mail

Primary Phone

How long have you known the applicant?

Please describe your relationship to the applicant:

Minister

Supervisor

Friend

Other

Listed below are some tendencies that may affect the student's studies at Southern Bible Institute & College. Place a check mark by any of the following that you have seen in the applicant:

- | | | |
|--------------------|--------------------|--------------------|
| Impatient | Intolerant | Arrogant |
| Often Embarrassed | Impersonal | Tense |
| Unteachable | Critical of Others | Quick-Tempered |
| Can't Take a Joke | Divisive | Discouraged |
| Worried or Anxious | Prejudiced | Domineering |
| Rude | Depressed | Rigid |
| Irritable | Nervous | Poor Relationships |

Do you know if the applicant has any physical, mental, or emotional problems that might hinder effective work in Christian ministry and academic progress? Yes
No

If Yes, please elaborate:

Do you know of any personal habits (i.e. sexual behavior, drug use, or personal prejudices) which might hamper service in a church related position? Yes
No

If Yes, please elaborate:

How do you perceive the attitude of the applicant's spouse/fiancée toward a Bible college education and vocational ministry?

- | | |
|------------------------|-----------------------------|
| Very Positive | Positive, with reservations |
| Neutral or indifferent | Negative |
| Not applicable | |

What are the greatest strengths of the applicant?

What are the greatest weaknesses of the applicant?

Would you recommend this applicant for admission to Southern Bible Institute & College? With confidence
Yes, but with reservations
Not at this time

If you would like, you may add any insights or concerns regarding the applicant.

Please re-enter
your name

Date

Re-enter your email

This completed document should be emailed to admissions@southernbible.edu from the same email address of the person making the recommendation entered above. Doing so will be considered in lieu of an actual signature verification.