APPLICATION INSTRUCTIONS
To ensure rapid processing of your application, follow these steps.

1. Complete the Application for Admission and mail to the address below. Don’t forget to attach a recent photograph and include your autobiography and non-refundable $50 application fee!

   Admissions Office
   Ambassador Baptist College
   PO Box 158
   Lattimore, NC 28089

2. Complete the Medical/Health Form. Either you or your doctor should complete the immunization records section. You may send this form separately or together with your Application for Admission.

3. Fill out the Request for High School Transcript and give it to the high school from which you have graduated or will graduate. If you have attended college previously, complete the Request for College Transcript form and send it to that college; complete the College Transfer Confidential Report form and return it to Ambassador. Both high schools and colleges should send your transcript directly to Ambassador. Request official copies of your ACT or SAT scores to be sent to Ambassador. This will be done automatically if you specify our college ACT number 3053 or our SAT number 0760 when you take these tests.

4. Complete your section of the Friend’s Recommendation, Pastor’s/Youth Pastor’s Recommendation, and Employer’s/Teacher’s Recommendation forms, distribute them to the appropriate people, and urge them to promptly complete and send the forms to Ambassador. It is customary to provide addressed, stamped envelopes when distributing these forms.
Application for Admission
Please fill out as completely as possible. Please print.

Enrollment Date
☐ Fall  ☐ Spring  ☐ Summer  Year: __________
Residence Status
☐ Dormitory  ☐ Commuting

Personal Information
Legal name: ___________________________________________  ☐ Male  ☐ Female
☐ Mr.  ☐ Mrs.  ☐ Miss
Last Name  First Name  Middle Name  Maiden Name
Preferred name: ______________________  Social Security number: ____-____-______  Birth date: _____/_____/______
Address: ____________________________________________
City: __________________________________________  State: __________  Zip: _______________
Email: ________________________________________  Home phone: (____)___________  Cell phone: (____)___________
Place of birth: ___________________________________  Country of citizenship: ________________
Marital status: ☐ Single  ☐ Married  ☐ Engaged  ☐ Separated  ☐ Divorced
Date married: _____/_____/______  Spouse’s name: ____________________________
Have you ever been divorced? ☐ Yes  ☐ No  (If “yes,” please explain the circumstances on a separate sheet of paper.)
Has your spouse ever been divorced? ☐ Yes  ☐ No

Family Information (unmarried students only)
Father’s name: _____________________________  Occupation: _____________________________
or legal guardian  (indicate deceased if not living)
Father’s address (if different from yours): ____________________________________________
Email: ________________________________________  Home phone: (____)___________  Cell phone: (____)___________
Mother’s name: _____________________________  Occupation: _____________________________
or legal guardian  (indicate deceased if not living)
Mother’s address (if different from yours): ____________________________________________
Email: ________________________________________  Home phone: (____)___________  Cell phone: (____)___________
Parents’ status: ☐ Married  ☐ Separated  ☐ Divorced  If separated/divorced, with whom do you live? ☐ Mother  ☐ Father

Church Information
Church name: _____________________________  Denomination: ___________________
Address: ____________________________________________
City: __________________________________________  State: __________  Zip: _______________
Pastor: _______________________________  Church phone: (____)___________  Cell phone: (____)___________
Application for Admission

Academic Information

Complete name of high school: ____________________________________________
Home-schooled: □ Yes □ No

Address: ________________________________________________________________

City: ___________________________ State: ___________________ Zip: ______________________

Date of high school graduation: ___________________ or GED: ___________________

Date the ACT was taken: ___________________ or date you plan to take the ACT: ___________________

Date the SAT was taken: ___________________ or date you plan to take the SAT: ___________________

List all colleges or universities which you have attended since high school; please have all transcripts sent to Ambassador.

<table>
<thead>
<tr>
<th>School/address</th>
<th>Dates attended</th>
<th>Reason for leaving</th>
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</table>

Have you ever been dismissed or placed on academic probation? □ Yes □ No
Have you ever been dismissed or placed on disciplinary probation? □ Yes □ No

Confidential Information

Have you ever been convicted of a crime other than a minor traffic offense? □ Yes □ No
If “yes,” please explain the nature of your offense on a separate sheet of paper.

Major

All undergraduate students major in Bible. Indicate your choice for your second major (check one):

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Pastoral Studies</td>
<td>□ Missions</td>
<td>□ Graduate of Theology Diploma (3 years)</td>
</tr>
<tr>
<td>□ Evangelism</td>
<td>□ Sacred Music</td>
<td>□ Certificate in Bible (1 year)</td>
</tr>
<tr>
<td>□ Missions</td>
<td>□ Christian Elementary Education</td>
<td>□ Undecided</td>
</tr>
<tr>
<td>□ Second Man Music</td>
<td>□ Church Ministries</td>
<td></td>
</tr>
<tr>
<td>□ Second Man Christian Education</td>
<td>□ Associate of Church Secretarial Studies (2 years)</td>
<td></td>
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<tr>
<td>□ Youth Ministries</td>
<td></td>
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</tr>
</tbody>
</table>

Graduate Studies (see course catalog for criteria)

□ Master of Sacred Theology—New Testament Major
□ Master of Sacred Theology—Old Testament Major
□ Master of Sacred Theology—Theology Major
□ Master of Ministries
□ Master of Biblical Studies
Financial Information

How do you plan to finance your first year in college?  □ Parents  □ Savings  □ Loan  □ Credit card  □ Work  □ Other ________________________________

You will not be permitted to register for classes unless you have made the required registration payment.

Military Information

Have you served in the Armed Forces?  □ Yes  □ No  Which branch? ________________________________________________

Date discharged: _____/_____/______ Type of discharge: __________________________

Are you a dependent of a veteran who is disabled or deceased due to a service-connected cause? □ Yes □ No

Financial Information

How do you plan to finance your first year in college?  □ Parents  □ Savings  □ Loan  □ Credit card  □ Work  □ Other ________________________________

You will not be permitted to register for classes unless you have made the required registration payment.

Correspondence Preference

Indicate how you would like the college to communicate with you: □ Email  □ Postal mail

Unless “postal mail” is indicated, we will communicate with the email address specified on page 1.

Autobiography

On a separate sheet of paper, please write out your autobiography. Include your family and church life and the time and circumstances of your salvation. Include your goals for the future, what activities you enjoy, and why you want to attend Ambassador Baptist College. If you are transferring from another Christian college, please state your reasons for transferring.

Foreign Students Only

Applicants who are not citizens of the United States are required by the United States government to fill out an I-20 form and state that they will be financially responsible to pay all their education expenses, including tuition, room, and board.

Statement of Intent

I have reviewed the doctrinal statement of Ambassador Baptist College and understand that students of Ambassador Baptist College are expected to uphold high standards of conduct and appearance consistent with the Person of Jesus Christ. Ambassador’s doctrinal statement is available on our website at www.ambassadors.edu/beliefs/

Signature: __________________________________________ Date: _____/_____/_______
Both sides of this form must be filled out completely before the applicant may register for classes. Early submission of this form will simplify the registration procedure.

Name: ___________________________  ___________________________  ___________________________  □ Male  □ Female

Marital status: ______  Phone: (____)___________  Social Security number: ____-____-______  Birth date: _____/_____/______

Family History

Is your father living? □ Yes  □ No  Occupation: __________________  Cause of death if deceased: __________________

Is your mother living? □ Yes  □ No  Occupation: __________________  Cause of death if deceased: __________________

Has any member of your family suffered from any of the following? □ Heart disease □ Cancer □ Diabetes □ Tuberculosis

If so, give relationship: ______________________________

Personal History

If additional space is necessary, please attach a separate piece of paper.

Hospitalization—list any dates and diagnoses: _____________________________________________________________

Nervous breakdown—list any dates: _____________________________________________________________

Chronic illness—explain: _____________________________________________________________

Psychiatric treatment—including date, name, and address: _____________________________________________________________

List allergies to food, medicine, or substance: _____________________________________________________________

List present medication, doses, and reason for taking: _____________________________________________________________

List any physical limitations: _____________________________________________________________

List any learning disabilities: _____________________________________________________________

Circle any of the following that you have had. On a separate sheet of paper, list details, including date, duration, and effects of any items circled.

Arthritis/rheumatism  Intestine/stomach diseases  Pregnancy
Back impairment  Kidney infection/diseases  Rheumatic fever
Brain/spine diseases  Liver/gall bladder diseases  Scarlet fever
Carpal Tunnel Syndrome  Low/high blood pressure  Skin diseases
Deformities/amputations  Lung disease (asthma, etc.)  Speech impairment
Depression/ORC/anxiety  Malaria  Sexual organs diseases
Diabetes  Meningitis  Tuberculosis
Epilepsy  Menstrual difficulties  Typhoid fever
Eye/ear diseases  Mononucleosis  Ulcers
Heart conditions/diseases  Paralysis  Urinary infections/diseases
Hepatitis  Pleurisy  Whooping cough
Immuno-suppressed conditions  Pneumonia  Other not listed
Medical Insurance (leave blank if not covered)

Dorm students only

Insurance company: ____________________________________________________________

Address: ____________________________________________________________________

City: __________________________ State: ___________________ Zip: _________________

Policy number: ______________________ Group number: _________________________

Emergency Contact (person to notify if parents or spouse [if applicable] cannot be contacted)

Name: ______________________________________________________________________

Address: ____________________________________________________________________

City: __________________________ State: ___________________ Zip: _________________

Relationship: ______________________ Home phone: (____)_______________ Cell phone: (____)_______________

North Carolina college and university student immunization requirements

North Carolina requirements are available at www.immunize.nc.gov/schools/collegesuniversities.htm

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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<tbody>
<tr>
<td>Diphtheria Tetanus and/or Pertussis</td>
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<tr>
<td>Poliomyelitis</td>
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<td>Measles</td>
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<td>Mumps</td>
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<td>Rubella</td>
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<tr>
<td>Hepatitis B</td>
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</tbody>
</table>

Physician's Information

If your doctor's office provides your immunization records, please have your physician sign below. If you provide the information from a copy which you possess, please print your physician information below and sign the space provided at the bottom of the page.

Physician's signature: ____________________________ Printed name: __________________________

Address: ____________________________________________________________________

City: __________________________ State: ___________________ Zip: _________________

Date: _____/_____/______ Office phone: (_____)_______________ Emergency phone: (_____)_______________

Applicant's Signature

I certify that the above information is correct to the best of my knowledge. I understand that falsification of the information may result in my dismissal from the college.

Signature: ____________________________ Date: _____/_____/______
# Request for High School Transcript

Please fill out as completely as possible. Please print.

## Personal Information
(to be completed by applicant)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s name</td>
<td>________________________________________________________________________</td>
</tr>
<tr>
<td>Last Name</td>
<td>________________________________________________________________________</td>
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<tr>
<td>First Name</td>
<td>________________________________________________________________________</td>
</tr>
<tr>
<td>Middle Name</td>
<td>________________________________________________________________________</td>
</tr>
<tr>
<td>Home phone</td>
<td>(_____)______________________</td>
</tr>
<tr>
<td>Dates attended</td>
<td>________________________________________________________________________</td>
</tr>
<tr>
<td>Social Security number</td>
<td><em><strong>-</strong></em>-_______</td>
</tr>
<tr>
<td>Address</td>
<td>________________________________________________________________________</td>
</tr>
<tr>
<td>City</td>
<td>________________________________________________________________________</td>
</tr>
<tr>
<td>State</td>
<td>____________________</td>
</tr>
<tr>
<td>Zip</td>
<td>____________________</td>
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</tbody>
</table>

I hereby authorize you to release my transcript and any other information requested by Ambassador Baptist College.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>________________________________________________________________________</td>
</tr>
<tr>
<td>Date</td>
<td><em><strong><strong>/</strong></strong></em>/___________</td>
</tr>
</tbody>
</table>

## Education Information
(to be completed by institution)

Please complete this form and attach it to the official high school transcript(s). This information is required for admission. Please note: if the student has not completed requirements for graduation, please also send a completed transcript as soon as it is available.

Please send all documents to the address at the top of this page.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Date of graduation</td>
<td><em><strong><strong>/</strong></strong></em>/_______</td>
</tr>
<tr>
<td>High school GPA</td>
<td>______________</td>
</tr>
<tr>
<td>Rank in class</td>
<td>__________________</td>
</tr>
<tr>
<td>Size of class</td>
<td>__________________</td>
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<tr>
<td>SAT Verbal</td>
<td>__________________</td>
</tr>
<tr>
<td>Math</td>
<td>__________________</td>
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<tr>
<td>Social studies</td>
<td>__________________</td>
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<tr>
<td>Natural sciences</td>
<td>__________________</td>
</tr>
<tr>
<td>Overall score</td>
<td>______________</td>
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<tr>
<td>ACT English</td>
<td>__________________</td>
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<tr>
<td>Math</td>
<td>__________________</td>
</tr>
<tr>
<td>Social studies</td>
<td>__________________</td>
</tr>
<tr>
<td>Natural sciences</td>
<td>__________________</td>
</tr>
</tbody>
</table>

Signature: ________________________________________________________________________

Position: ________________________________________________________________________
Request for College Transcript
Please fill out as completely as possible. Please print.

Personal Information
(to be completed by applicant and sent to each school attended)

Applicant's name: ____________________________________________ Home phone: (_____)______________
  Last Name                   First Name                   Middle Name

Dates attended: ____________________________________________ Social Security number: ____-____-_____

Address: ____________________________________________________

City: __________________________ State: ________________ Zip: __________________________

Please forward my transcript to Ambassador Baptist College at the address at the top of this page.

Signature: ____________________________________________ Date: _______/_____/_______
| **Personal Information**  |  
|  (to be completed by applicant)  |  
| Please make copies of this form prior to signing if you have attended more than one college or university. Complete the section below and return with your application to Ambassador Baptist College.  |  
| Applicant’s name:  ___________________________  Home phone: (_____)_______________  |  
| Address:  ___________________________________________  |  
| City:  ___________________________  State:  ___________________  Zip:  ___________________________  |  
| I give my permission to release this information and waive my right to view this report.  |  
| Signature:  ___________________________________________  Date:  ______/_____/______  |  
| **Educational Information**  |  
|  (to be completed by applicant)  |  
| Name of school:  ___________________________________________  Dates attended:  ___________________________  |  
| Address:  ___________________________________________  |  
| City:  ___________________________  State:  ___________________  Zip:  ___________________________  |  
| Did you graduate?  ☐ Yes  ☐ No  Degree you received:  ___________________________  |  
| **To the Institution**  |  
| The above-named student has applied for admission to Ambassador Baptist College. Ambassador Baptist College requires all transfer students to have previous colleges or universities attended return this confidential report before the student will be considered for acceptance. Please complete and return this form to the address at the top of this page within one week.  |  
| **Student Information**  |  
|  (to be completed by institution)  |  
| Has the student had academic difficulty?  ☐ Yes  ☐ No  Please explain:  ___________________________  |  
| Has the student ever been expelled from your school?  ☐ Yes  ☐ No  Please explain:  ___________________________  |  
| Has the student ever been placed on behavioral probation?  ☐ Yes  ☐ No  Please explain:  ___________________________  |  
| Was the probation lifted?  ☐ Yes  ☐ No  Is the student eligible to return?  ☐ Yes  ☐ No  |  
| Is the student in debt to your school?  ☐ Yes  ☐ No  |  
| Name:  ___________________________________________  Position/title:  ___________________________  |  
| Signature:  ___________________________________________  Date:  ______/_____/______  |  

---

**College Transfer Confidential Report**

Please fill out as completely as possible. Please print.
Pastor’s/Youth Pastor’s Recommendation
Please fill out as completely as possible. Please print.

Waiver
(this section to be completed by applicant)

Applicant’s name: ___________________________________________ Home phone: (_____) __________

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: ___________________________ Semester you plan to attend: ___________________________

Recommendation
(this section to be completed by pastor/youth pastor)

The above-named person has applied for admission to Ambassador Baptist College and has given your name as a reference. Please answer the following questions and complete the personality rating section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean at 704-434-0303.

1. How long have you known the applicant? ___________________________________________

2. How well do you know the applicant? ___________________________________________

3. To the best of your knowledge, has the applicant been born again by faith in Jesus Christ? □ Yes □ No □ I don’t know
Comments: _______________________________________________________________________

4. What do you consider the applicant’s weak points? ______________________________________

5. Have you observed weaknesses in the applicant’s moral life? □ Yes □ No If “yes,” please explain: ________________________________

6. To the best of your knowledge, does the applicant smoke, drink, or use illegal drugs? □ Yes □ No If “yes,” please explain: ________________________________

7. Please describe home factors (both positive and negative) which might affect the applicant’s success at Ambassador Baptist College: ____________________________________________________________

8. Attendance in church services:
   - Sunday School: □ Irregular □ Regular
   - Sunday morning service: □ Irregular □ Regular
   - Sunday evening service: □ Irregular □ Regular
   - Prayer meeting: □ Irregular □ Regular
   - Visitation: □ Irregular □ Regular

9. Participation in activities: □ Seldom participates □ Participates faithfully when asked □ Willingly volunteers
**Pastor’s/Youth Pastor’s Recommendation**

**Personality Traits**

(Place a check in the box to the front of the comment which best applies.)

**Spiritual life**
- Do not know
- Average spiritually
- Little evidence of spiritual growth
- Shows growth and separated living
- Deeply spiritual

**Industry**
- Do not know
- Performs the assigned tasks
- Needs constant prodding
- Needs occasional prodding

**Responsibility**
- Do not know
- Usually reliable
- Irresponsible
- Shows some dependability

**Emotional qualities**
- Do not know
- Apathetic
- Unstable
- Consistently stable
- Highly stable

**Purposefulness**
- Do not know
- Aimless
- Vacillating
- Average
- Self-motivated

**Influence on others**
- Do not know
- Detrimental
- No real influence
- Varying
- Consistently good

**Leadership**
- Do not know
- Not a leader
- Some ability
- Good leadership
- Outstanding leadership

Any further remarks concerning the applicant’s spirituality, cooperativeness, tactfulness, good judgment, and honesty will be appreciated. If space is not sufficient, please use another sheet of paper:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

**Signature**

I would recommend this applicant for admission:
- without reservation
- with reservation
- could not recommend (please explain on a separate sheet of paper)

Name: ___________________________________ Church name: _______________________________________________________

Position: _______________________________________________________________________________________________

Church address: _________________________________________________________________________________________

City: ___________________________________ State: ___________________ Zip: ________________________________

Church phone: (_____) ___________________ Home phone: (_____) ________________________________

Signature: ___________________________________________________________ Date: _____ / _____ / _________

Please mail completed form to the address at the top of the previous page.
Employer’s/Teacher’s Recommendation
Please fill out as completely as possible. Please print.

Waiver
(this section to be completed by applicant)

Applicant’s name: ___________________________________________ Home phone: (_____) __________

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: ________________________________________________ Semester you plan to attend: ____________________________

Recommendation
(this section to be completed by employer/teacher)

The above-named person has applied for admission to Ambassador Baptist College and has given your name as a reference. Please answer the following questions and complete the personality rating section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean at 704-434-0303.

Business/school name: __________________________________________

Address: ____________________________________________________________________

City: ___________________________ State: _______________ Zip: ____________________________

Position held by applicant: ________________________________________ Length of service: __________________

Personality Traits
(Place a check in the box to the front of the comment which best applies.)

Teachability
- □ Needs repeated instructions  □ Slow but retains well  □ Learns readily  □ Very superior

Dependability
- □ Not dependable  □ Needs to be watched  □ Usually reliable  □ Thoroughly dependable

Judgment
- □ Unable to make decisions  □ Makes snap judgments  □ Uses good common sense  □ Superior judgment

Initiative
- □ Needs constant supervision  □ Relies somewhat upon others  □ Ably carries out assignments  □ Anticipates needs; is resourceful

Accuracy
- □ Too many errors  □ Somewhat inaccurate  □ Satisfactory  □ High degree of accuracy

Quality of work
- □ Careless; unsatisfactory  □ Acceptable; needs improvement  □ Very satisfactory  □ Outstanding

Quantity of work
- □ Has to be prodded  □ Acceptable; needs improvement  □ Good producer  □ Usually rapid worker

Attitude toward work
- □ Very poor attitude  □ Neutral  □ Good producer  □ Enthusiastic
Employer’s/Teacher’s Recommendation

Attitude toward associates
☐ Reluctant to cooperate ☐ Makes little contribution ☐ Gets along well with others ☐ Fullest possible contribution

Attitude toward superiors
☐ Reluctant to cooperate ☐ Somewhat unresponsive ☐ Generally cooperative ☐ Very cooperative

Have you found the applicant to be consistently honest? ☐ Yes ☐ No If “no,” please comment: ________________________________

Please use this space to give any additional information which would assist us in determining the needs of the applicant:

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Additional References

Please list the names and addresses of two other unrelated references that we may contact:

Name: _______________________________________________________________ Phone: (_______)_____________________
Address:__________________________________________________________________________________________________
City: ____________________________ State: ___________ Zip: _______________

Name: _______________________________________________________________ Phone: (_______)_____________________
Address:__________________________________________________________________________________________________
City: ____________________________ State: ___________ Zip: _______________

Signature

I would recommend this applicant for admission:
☐ without reservation ☐ with reservation ☐ could not recommend (please explain on a separate sheet of paper)

Name: _______________________________________________________________ Address:__________________________________________________________________________________________________
City: ____________________________ State: ___________ Zip: _______________
Phone: (_______) ____________________________ Position: ________________________________________________________________
Signature:  __________________________________________________________ Date: _______/______/___________

Please mail completed form to the address at the top of the previous page.
Waiver
(this section to be completed by applicant)

Applicant’s name: __________________________________________________________  Home phone: (____)_______________

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: ______________________________ Semester you plan to attend: ______________________________

Recommendation
(this section to be completed by friend)

The above-named person has applied for admission to Ambassador Baptist College and has given your name as a reference. Please answer the following questions and complete the personality rating section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean at 704-434-0303.

1. How long have you known the applicant? __________________________________________________________

2. How well do you know the applicant? __________________________________________________________

3. Have you had the opportunity to observe the applicant’s church, home, and business life? □ Yes □ No

4. Please give any information you can regarding the applicant’s church, social, and business life: ________________________________

5. Please give any information you can regarding the applicant’s family life: ________________________________

6. Does the applicant respond well to others? □ Yes □ No

7. Does the applicant work well with others? □ Yes □ No

8. What do you consider the applicant’s significant talents or abilities? ________________________________

9. What do you consider the applicant’s weak points? ________________________________

10. Have you observed weaknesses in the applicant’s moral life? □ Yes □ No  If “yes,” please explain: ________________________________
Friend’s Recommendation

Personality traits
(Place a check in the box to the front of the comment which best applies.)

Spiritual life
- Do not know
- Average spiritually
- No interest in spiritual growth
- Shows growth and separated living
- Little evidence of spiritual growth
- Deeply spiritual

Industry
- Do not know
- Performs the assigned tasks
- Needs constant prodding
- Goes beyond what is required
- Needs occasional prodding

Responsibility
- Do not know
- Usually reliable
- Irresponsible
- Conscientiously reliable
- Shows some dependability

Emotional qualities
- Do not know
- Apathetic
- Unstable
- Consistently stable
- Highly stable

Purposefulness
- Do not know
- Aimless
- Vacillating
- Average
- Self-motivated

Influence on others
- Do not know
- Detrimental
- No real influence
- Varying
- Consistently good

Leadership
- Do not know
- Not a leader
- Some ability
- Good leadership
- Outstanding leadership

Additional References
Please list the names and addresses of two other unrelated references that we may contact:

Name: ____________________________________________ Phone: (______)_________________
Address: __________________________________________
City: __________________________ State: ___________ Zip: ________________

Name: ____________________________________________ Phone: (______)_________________
Address: __________________________________________
City: __________________________ State: ___________ Zip: ________________

Signature
I would recommend this applicant for admission:
- without reservation
- with reservation
- could not recommend (please explain on a separate sheet of paper)

Name: ____________________________________________ Phone: (______)_________________
Address: __________________________________________
City: __________________________ State: ___________ Zip: ________________
Signature: ________________________________ Date: ________/______/___________

Please mail completed form to the address at the top of the previous page.