

transfer student reference

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT)

Applicant's Name _____ Phone _____

Address _____

I plan to enroll: Fall(Aug) 20 ____ Spring(Jan) 20 ____ Summer (May) 20 ____

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

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE APPROPRIATE COLLEGE/UNIVERSITY OFFICIAL

This reference is to be completed by the Dean, Registrar, Student Advisor, Residence Hall Director, or Faculty Member who knows the applicant well. Your reference is an important part of the admission process. Please give careful thought and prompt attention to the completion of this reference.

ACADEMIC PERFORMANCE/STUDENT DEVELOPMENT

The applicant attended from ____/____/____ to ____/____/____
month/year month/year

Has the applicant ever been under Academic Probation, Academic Dismissal, or School Discipline? Yes No

If yes, please explain. _____

If yes, would you readmit the applicant? Yes No

If no, please explain. _____

CHARACTER QUALITIES

SPIRITUAL LIFE	<input type="checkbox"/> No interest in spiritual growth	<input type="checkbox"/> Small evidence of spiritual growth	<input type="checkbox"/> Average spirituality	<input type="checkbox"/> Shows consistent growth	<input type="checkbox"/> Spiritually mature	<input type="checkbox"/> Do not know
SENSE OF PURPOSE	<input type="checkbox"/> Aimless	<input type="checkbox"/> Vacillating in purpose	<input type="checkbox"/> Average or potentially purposeful	<input type="checkbox"/> Self-directed	<input type="checkbox"/> Well-formed	<input type="checkbox"/> Do not know
RESPONSIBILITY	<input type="checkbox"/> Requires constant supervision	<input type="checkbox"/> Requires some direction	<input type="checkbox"/> Usually reliable	<input type="checkbox"/> Thoroughly dependable	<input type="checkbox"/> Capable of much responsibility	<input type="checkbox"/> Do not know
DILIGENCE	<input type="checkbox"/> Lazy	<input type="checkbox"/> Needs prodding	<input type="checkbox"/> Performs assigned tasks	<input type="checkbox"/> Goes beyond what is required; cooperative	<input type="checkbox"/> Seeks additional work	<input type="checkbox"/> Do not know
INFLUENCE ON OTHERS	<input type="checkbox"/> Detrimental influence	<input type="checkbox"/> Varying influence	<input type="checkbox"/> Passive; no positive influence	<input type="checkbox"/> Consistently good influence	<input type="checkbox"/> Unusually wholesome influence	<input type="checkbox"/> Do not know
EMOTIONAL QUALITIES	<input type="checkbox"/> Too emotional or apathetic	<input type="checkbox"/> Excitable or unresponsive	<input type="checkbox"/> Usually well-balanced	<input type="checkbox"/> Consistently well-balanced	<input type="checkbox"/> Of unusual emotional maturity	<input type="checkbox"/> Do not know
INITIATIVE	<input type="checkbox"/> Requires constant supervision	<input type="checkbox"/> Requires some direction	<input type="checkbox"/> Average—occasional initiative	<input type="checkbox"/> Shows good initiative	<input type="checkbox"/> Anticipates needs—resourceful	<input type="checkbox"/> Do not know
ACCEPTANCE BY OTHERS	<input type="checkbox"/> Avoided by others	<input type="checkbox"/> Tolerated by others	<input type="checkbox"/> Liked by others	<input type="checkbox"/> Well-liked by others	<input type="checkbox"/> Sought after by others	<input type="checkbox"/> Do not know
LEADERSHIP	<input type="checkbox"/> Always a follower	<input type="checkbox"/> Tries, but usually fails at leadership	<input type="checkbox"/> Assumes occasional leadership	<input type="checkbox"/> Good leadership	<input type="checkbox"/> Inspiring and successful leader	<input type="checkbox"/> Do not know

SPIRITUAL LIFE

Please indicate your observations in the following areas:

- | | | | | |
|--------------------|--------------------------------------|--|---------------------------------------|-------------------------------------|
| Spiritual Maturity | <input type="checkbox"/> Leader | <input type="checkbox"/> Growing | <input type="checkbox"/> Inconsistent | <input type="checkbox"/> Don't know |
| Chapel Attendance | <input type="checkbox"/> No problems | <input type="checkbox"/> Some difficulties | <input type="checkbox"/> Needs work | <input type="checkbox"/> Don't know |
| Church Attendance | <input type="checkbox"/> Faithful | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sporadic | <input type="checkbox"/> Don't know |

Please describe the applicant's on and off campus ministry involvement. _____

Have you observed anything morally questionable in the applicant's life? Yes No

If yes, please explain. _____

PHYSICAL HEALTH

Do you lack confidence in the applicant for any reason whatsoever? Yes No

If yes, please explain. _____

What degree of success would you predict for this applicant at Baptist Bible College?

- Superior Excellent Above average Average Below average Failure

If you were a member of the Admissions Committee at Baptist Bible College, would you vote to accept this applicant?

- Enthusiastically Willingly Questionable Not at all

Any further comments about the applicant's spirituality, cooperativeness, tactfulness, judgment, or honesty will be appreciated.

Name (Please Print) _____ Position _____

College/University _____

Street Address _____

City/State/Zip _____

Phone _____

Signature

Date

Please send official copy of transcripts with this reference.

Please return this completed form to:

Baptist Bible College
Office of Admissions
538 Venard Road
Clarks Summit, PA 18411
admissions@bbc.edu
www.bbc.edu
800.451.7664

Admissions Counselors are available
from 8 a.m. to 5 p.m. Monday through Friday (EST).

Baptist Bible College admits students without regard
to race, color, physical handicap, and national or ethnic
origin. If you think this applicant will need special
accommodation for facilities or academic assistance,
please contact the Office of Admissions.