

Character Recommendation



1. To the Applicant:

This recommendation form should be completed by a teacher, professor, coach, guidance counselor, employer, school administrator or adult family friend. References from family members are not accepted. Please complete the following information and forward this form to your reference for completion.

Full Name of Applicant _____

Address of Applicant _____ City _____ State _____ Zip _____

Applicant's waiver of right of Access to Confidential Statement: I willingly waive my right of access to see this confidential reference understanding that signing this waiver is not required as a condition for admission.

Applicant Signature _____ Date _____

2. To the Evaluator:

The student named above is required to submit this form before admission to Trinity Bible College can be considered. We value your comments and request that you give a full and candid report so that fair consideration may be given to the applicant. Your prompt attention is appreciated. If this form is not adequate for your remarks, please attach any additional information. If you feel that you do not know the student well enough to give a complete reference, please refer the student to another person.

Confidentiality: Federal law gives students the option of waiving their right to see specific letters of recommendation. If the applicant has not signed the waiver statement above, we will assume that you are submitting information with full knowledge that it may be seen by the applicant if he or she is accepted at Trinity Bible College. ***If the above waiver is signed, your recommendation will remain confidential.***

1. How long have you known the applicant? _____

2. How well do you know the applicant? _____

3. Please list the student's involvement in activities at your institution or place of employment:

4. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, academic, etc.):

5. Has the applicant ever been dismissed or suspended? ☐ Yes ☐ No

If yes, please explain: _____

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6. Please rate the applicant in each of the following areas by checking the appropriate box for each category:

	Excellent	Above Average	Average	Below Average	Don't Know
Academic Ability					
Anticipated Achievement in College					
Communication Skills					
Cooperativeness					
Emotional Stability					
Initiative/Motivation					
Integrity and Honesty					
Leadership					
Responsibility					
Social Adaptability					

7. What specific encouragement, guidance or supervision would you suggest?

8. What additional information can you provide about this applicant that may help us in making our decision?

9. To your knowledge has the applicant used the following in the past year:

Alcoholic Beverages: ☐ Yes ☐ No

Tobacco: ☐ Yes ☐ No

Non-Medical drugs (Marijuana, narcotics, etc.): ☐ Yes ☐ No

10. Recommendation: ☐ I recommend ☐ I recommend with reservation ☐ I do not recommend

Please print the information below

Name

Name of School/Organization

Position

Telephone ()

Address

City

State

Zip

Character Recommendation Signature

 Date
