



# ATLANTA BAPTIST COLLEGE

1410 Valley Hill Road \* P. O. Box 352 \* Stockbridge, GA 30281 \* (770) 389-4567

Dr. Glenn W. Anderson, Emeritus

Roger D. Prillhart, President/Dean

## REFERENCE FOR PROSPECTIVE STUDENT

### Instructions to Prospective Student:

- Please print your name, address and phone number on the lines below.
- Give one to each of the (3) three references you listed on your application.
- Provide them with a stamped envelope addressed to the attention of the registrar.
- Ask them to complete this form and mail it right away.

**Your application for admission will be incomplete until all reference forms are received.**

Student's Full Name \_\_\_\_\_ Address \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Instructions to Person Providing Reference:

- We desire a substantially honest and solid estimate of the above-named prospective student.
- Your reply will be kept in the strictest confidence.
- It will be used as a vital part of grounds for acceptance of the prospective student.

### Please answer all questions:

● How long have you known the prospective student? \_\_\_\_\_  
(Months/Years)

● In what capacity have you known the prospective student? \_\_\_\_\_

● Do you recommend that Atlanta Baptist College accept this person as a student?  Yes  No

● List any special talents, abilities, positive or negative character traits, habits, or unusual home situations that Atlanta Baptist College should be aware of and briefly explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If more room is needed for your explanation, please use the back of this form.

NOTE: Thank you for helping Atlanta Baptist College and this prospective student with the application process.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_