



Admissions Office
Ambassador Baptist College
PO Box 158
Lattimore, NC 28089
704-434-0303
admissions@ambassadors.edu

Ambassador Baptist College

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.

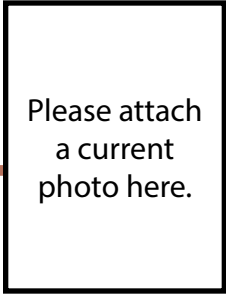
4

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.



Admissions Office
 Ambassador Baptist College
 PO Box 158
 Lattimore, NC 28089
 704-434-0303
 admissions@ambassadors.edu

Ambassador Baptist College



1

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: Mr. _____ Male Female
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: (____) _____

1 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: _____
month/year month/year

Date the ACT was taken: _____ or date you plan to take the ACT: _____
month/year month/year

Date the SAT was taken: _____ or date you plan to take the SAT: _____
month/year month/year

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

School/address	Dates attended	Reason for leaving

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):

Men

- Pastoral Studies
- Evangelism
- Missions
- Second Man Music
- Second Man Christian Education
- Youth Ministries

Women

- Missions
- Sacred Music
- Christian Elementary Education
- Church Ministries
- Associate of Church Secretarial Studies (2 years)

Both

- Graduate of Theology Diploma (3 years)
- Certificate in Bible (1 year)
- Undecided

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

1 Application for Admission

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: ____/____/____



Admissions Office
 Ambassador Baptist College
 PO Box 158
 Lattimore, NC 28089
 704-434-0303
 admissions@ambassadors.edu

Ambassador Baptist College

2

Medical/Health Form

The student completes this form. Please print.

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
Last Name First Name Middle Name

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—include 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/OCR/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 |

2

Medical/Health Form

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

Immunization	Date	Date	Date	Date	Date	Date
Diphtheria Tetanus and/or Pertussis						
Poliomyelitis						
Measles						
Mumps						
Rubella						
Hepatitis B						

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: ____/____/____



Admissions Office
 Ambassador Baptist College
 PO Box 158
 Lattimore, NC 28089
 704-434-0303
 admissions@ambassadors.edu

Ambassador Baptist College



Request for High School Transcript

Please fill out as completely as possible. Please print.

Personal Information

(to be completed by applicant)

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

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

Address: _____

City: _____ State: _____ Zip: _____

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

Signature: _____ Date: ____/____/____

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.

Date of graduation: ____/____/____ High school GPA: _____

Rank in class: _____ Size of class: _____

SAT Verbal: _____ ACT English: _____

Math: _____ Math: _____

TSWEW: _____ Social studies: _____

Overall score: _____ Natural sciences: _____

Signature: _____ Position: _____



Admissions Office
Ambassador Baptist College
PO Box 158
Lattimore, NC 28089
704-434-0303
admissions@ambassadors.edu

Ambassador Baptist College



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: ____/____/____



Admissions Office
 Ambassador Baptist College
 PO Box 158
 Lattimore, NC 28089
 704-434-0303
 admissions@ambassadors.edu

Ambassador Baptist College



College Transfer Confidential Report

Please fill out as completely as possible. Please print.

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: ____/____/____



Admissions Office
 Ambassador Baptist College
 PO Box 158
 Lattimore, NC 28089
 704-434-0303
 admissions@ambassadors.edu

Ambassador Baptist College



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: | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |
| Sunday morning service: | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |
| Sunday evening service: | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |
| Prayer meeting: | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |
| Visitation: | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |

9. Participation in activities: Seldom participates Participates faithfully when asked Willingly volunteers

Personality Traits

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

Spiritual life

- | | | |
|--|--|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> No interest in spiritual growth | <input type="checkbox"/> Little evidence of spiritual growth |
| <input type="checkbox"/> Average spiritually | <input type="checkbox"/> Shows growth and separated living | <input type="checkbox"/> Deeply spiritual |

Industry

- | | | |
|--|---|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Needs constant prodding | <input type="checkbox"/> Needs occasional prodding |
| <input type="checkbox"/> Performs the assigned tasks | <input type="checkbox"/> Goes beyond what is required | |

Responsibility

- | | | |
|---|---|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Shows some dependability |
| <input type="checkbox"/> Usually reliable | <input type="checkbox"/> Conscientiously reliable | |

Emotional qualities

- | | | | | |
|--------------------------------------|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Apathetic | <input type="checkbox"/> Unstable | <input type="checkbox"/> Consistently stable | <input type="checkbox"/> Highly stable |
|--------------------------------------|------------------------------------|-----------------------------------|--|--|

Purposefulness

- | | | | | |
|--------------------------------------|----------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Aimless | <input type="checkbox"/> Vacillating | <input type="checkbox"/> Average | <input type="checkbox"/> Self-motivated |
|--------------------------------------|----------------------------------|--------------------------------------|----------------------------------|---|

Influence on others

- | | | | | |
|--------------------------------------|--------------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Detrimental | <input type="checkbox"/> No real influence | <input type="checkbox"/> Varying | <input type="checkbox"/> Consistently good |
|--------------------------------------|--------------------------------------|--|----------------------------------|--|

Leadership

- | | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Not a leader | <input type="checkbox"/> Some ability | <input type="checkbox"/> Good leadership | <input type="checkbox"/> 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.



Admissions Office
 Ambassador Baptist College
 PO Box 158
 Lattimore, NC 28089
 704-434-0303
 admissions@ambassadors.edu

Ambassador Baptist College

4B

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

4B

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.



Admissions Office
Ambassador Baptist College
PO Box 158
Lattimore, NC 28089
704-434-0303
admissions@ambassadors.edu

Ambassador Baptist College



Friend'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 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: _____

Personality traits

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

Spiritual life

- | | | |
|--|--|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> No interest in spiritual growth | <input type="checkbox"/> Little evidence of spiritual growth |
| <input type="checkbox"/> Average spiritually | <input type="checkbox"/> Shows growth and separated living | <input type="checkbox"/> Deeply spiritual |

Industry

- | | | |
|--|---|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Needs constant prodding | <input type="checkbox"/> Needs occasional prodding |
| <input type="checkbox"/> Performs the assigned tasks | <input type="checkbox"/> Goes beyond what is required | |

Responsibility

- | | | |
|---|---|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Shows some dependability |
| <input type="checkbox"/> Usually reliable | <input type="checkbox"/> Conscientiously reliable | |

Emotional qualities

- | | | | | |
|--------------------------------------|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Apathetic | <input type="checkbox"/> Unstable | <input type="checkbox"/> Consistently stable | <input type="checkbox"/> Highly stable |
|--------------------------------------|------------------------------------|-----------------------------------|--|--|

Purposefulness

- | | | | | |
|--------------------------------------|----------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Aimless | <input type="checkbox"/> Vacillating | <input type="checkbox"/> Average | <input type="checkbox"/> Self-motivated |
|--------------------------------------|----------------------------------|--------------------------------------|----------------------------------|---|

Influence on others

- | | | | | |
|--------------------------------------|--------------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Detrimental | <input type="checkbox"/> No real influence | <input type="checkbox"/> Varying | <input type="checkbox"/> Consistently good |
|--------------------------------------|--------------------------------------|--|----------------------------------|--|

Leadership

- | | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Not a leader | <input type="checkbox"/> Some ability | <input type="checkbox"/> Good leadership | <input type="checkbox"/> 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.