



Type of Reference

- Counselor* Coach Teacher
- Employer Pastor/Minister
- Other _____

Reference for Admissions

To Be Completed By Student

After completing this section, please ask your recommender to complete the remainder of this form and mail to the Office of Admissions at their earliest convenience.

Student's Full Name _____ Student's Social Security # _____

Name of High School or College/University _____

Address of High School or College/University _____

City _____ State _____ Zip _____ School's Phone No. (____) _____

To Be Completed By Recommender

This form will be used for the admissions process. If you are a high school counselor*, please send this form along with a copy of the student's current high school transcript and a school profile to our Office of Admissions at the address listed below.

1. How long have you known the applicant? _____
2. What are the first words that come to your mind to describe this student? _____
3. Do you know this student in a capacity outside of school? Yes No If yes, please explain _____
4. To your knowledge has the applicant been involved with drugs, tobacco, and/or alcohol? Yes No
5. Do you think the applicant is academically suited for college? Yes No

Please Rate the Student

Please check the appropriate box:	Excellent	Good	Average	Poor	Unknown
Christlike Character					
Self-Disciplined					
Honesty					
Dependable					
Personal Character					
Leadership Potential					
Maturity					

Do you recommend that this applicant be admitted to Kentucky Christian University?

- Highly recommend Recommend Recommend with reservation Do not recommend

Additional comments _____

Name _____ Signature _____ Date _____