

# Family of Faith College **ADVANCE** Program Applicant's Professional Recommendation

*Family of Faith College and those persons acting in official capacities on behalf of the college will not discriminate in hiring practices, enrollment procedures, or administrative policies against any person on the basis of race, color, national origin, sex, or physical disability.*

**Instructions to Applicant:** Please complete the first section of this recommendation and then give it to someone with whom you have had a professional relationship such as an employer, supervisor, or instructor. This form should not be given to a relative. It is suggested that you provide this person with a stamped envelope addressed to Family of Faith College. No action will be taken on your application until this form is received.

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Applicant's Name (Please Print)

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Address

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City, State/Province, Postal Code

I am authorizing the release of the following information to be considered in my application for admission to Family of Faith College. I understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that the person completing the information below will mail this questionnaire directly to Family of Faith College.

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Applicant Signature

**Instructions to the Employer, Supervisor, or Instructor of the Applicant:** In order to make an intelligent and prayerful selection of students, we need to learn something about this applicant's abilities and needs before he/she comes to Family of Faith College. Feel free to answer all questions frankly. This information will be held in strict confidence by the college and will not be made available to the applicant. Any additional comments that you may have are appreciated and may be attached to this form. This person's application cannot be further processed until we hear from you. Thank you for your assistance and your promptness. Please mail the completed form to:

**ADVANCE** Program, Family of Faith College, P.O. Box 1805, Shawnee, OK USA 74802-1805

1. What is your relationship with this person? \_\_\_\_\_

2. Do you believe that this person will be able to complete college studies successfully? \_\_\_\_\_

If no, please state why.

(Please continue on next page.)

3. Is there any reason why this person should take less than a full-time academic load? If so, please explain. (Please note that in this adult program a student will attend class one night a week and each week he/she will need to engage in approximately 12 hours of study outside the classroom.)
  
4. Please comment on the applicant's character. List any outstanding character traits or extremes in this person's life (i.e. boldness, shyness, trustworthiness, faithfulness, lack of diligence).
  
5. Please comment on the motivating forces in the applicant's life.
  
6. Do you know any reason why this person would not be suitable to attend Family of Faith College? If yes, please state why.
  
7. Would you like us to phone you to discuss any of your answers? \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Church, Business, or School Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

*Thank you for your time and assistance!*