



# ATLANTA BAPTIST COLLEGE

A Ministry of Liberty Baptist Tabernacle

1410 Valley Hill Road\*P. O. Box 352

Stockbridge, GA 30281

Phone (770) 389-4567 \*Fax (770) 474-7037

## REFERENCE FOR PROSPECTIVE STUDENT

### Instructions to Prospective Student:

- Please print your name, address and phone numbers 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.**

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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 this individual.
- Your reply will be kept in the strictest confidence.
- It will be used as a vital part of grounds for acceptance of the above named student.

### **Please answer all questions:**

- How long have you known the above prospective student? \_\_\_\_\_  
Months/Years
- In what capacity have you known the above 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 below. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*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:

Please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

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

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