



Destiny & Dominion Bible Training Center

Christian Friend Recommendation:

Dear Friend: The following person has applied for admission as a student at Destiny & Dominion Bible Training Center and your name has been given for reference. In order to help us make a valid judgment and to learn about the needs of prospective students before they enroll, your candid response will be appreciated.

Name of applicant: _____
Last First Middle

Address of Applicant: _____
Street City Province Postal Code

I willingly waive my right of access, to see this recommendation, knowing that this waiver is not required as condition for admission.

Signature: _____

Date: _____

TO FRIEND: Please complete this form carefully. Serious consideration will be given to your comments. This reference is confidential. Thank you for your assistance.

1. How long have you known the applicant? _____

2. How well do you know him/her? (Check one)

- Very close relationship Fairly well; numerous personal contacts Casually; few personal contacts By name/sight

3. To your knowledge has the applicant made a personal commitment to Jesus Christ?

- Yes No I don't know

4. How industrious is he/she as a worker? (Check one)

- Usually conscientious, hard worker Works less than most
 Works harder than most Very lazy
 Does about as much work as others Have no basis for judgment

Comments: _____

5. To the best of your knowledge, is the applicant consistent in meeting his/her financial obligations?

Yes No

Comments: _____

6. What are the applicant's strong points? (Include special abilities) _____

7. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	No chance to observe
Christian Commitment					
Financial responsibility					
Initiative					
Potential leadership					
Cooperativeness					
Integrity					
Emotional stability					
Health					
Personal appearance					
Concern for others					

8. Does the applicant have personality traits, which impair his/her relationship with others? Yes No

9. To your knowledge does the applicant smoke? _____ drink? _____ use illegal drugs? _____
Comments: _____

10. Please describe any factors, which might affect the applicant's success at Destiny & Dominion Bible Training Center.

11. Any further comments that you may have regarding the applicant that would help in our evaluation process. _____

I recommend I recommend with reservation I do not recommend

Signature: _____ Date: _____

Name: _____ Tel: _____