



Single page form

Dear

I am applying to Christian Life College for student admission for school year   /   (insert years)

As I work toward the completion of my application, it is important for me to identify the individuals best equipped to write letter of recommendation on my behalf. Clearly, your name came to mind as one who would have the best/clearest perspective on my experiences and abilities; and so I am requesting your support in my efforts to continue my education.

You have contributed greatly to my life, and I would greatly appreciate your help and feel that your recommendation will help me successfully complete the application process; and ultimately enrollment.

**Please complete this form, and a typewritten recommendation letter. Both documents must be received before application can be reviewed for acceptance. Send to: Christian Life College | Office of Admissions | 9023 West Lane | Stockton, California 95210.**

Thank you very much for your assistance.

Applicant Name: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Very well  Moderately well  Slightly

2. What has been your relationship to the applicant? (check as many as apply)

Family Friend  Professional colleague  Mentor  School Official

3. Please rate the applicant in each of the following areas:.

	Superior	Above Average	Average	Below Average	Not Applicable
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please include additional comments about your perception of the student's fit for Christian Life College:

5. Does this applicant impress you as one who should be admitted to Christian Life College?

No  Yes, but with some reservations  Yes, without a doubt

**REMINDER: THIS FORM MUST BE ACCOMPANIED BY A PERSONAL RECOMMENDATION LETTER.**

**The application will be placed on hold until both form and letter are received.**

Yes, I have enclosed my letter of recommendation.

PRINT Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_