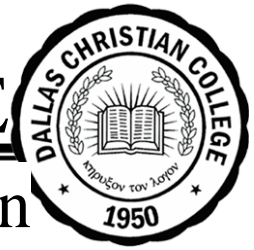


# DALLAS CHRISTIAN COLLEGE



## Recommendation for Admission

**Please Print.**

**To be filled out by a Teacher or Employer.  
(NON-RELATIVE)**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Please specify the program and term that you are applying:

- Traditional  
 Quest  
 Online

- Fall  
 Spring

**TO THE APPLICANT:** Applicants should provide a stamped envelope addressed to the Director of Admissions for the person filing the reference.

ALL student records including recommendations that are kept by the College shall be in accordance with the Family Educational Rights and Privacy Act of 1974 that allows students access to their records. It is your option to waive your right to have access to these recommendations. Please sign **ONLY** if you waive your right to review this recommendation.

I willingly waive my right to access this recommendation with full knowledge that this waiver is **NOT** required as condition for admission.

\_\_\_\_\_  
**Signature of Applicant**

### PERSONAL REFERENCE

The student named above has applied for admission to Dallas Christian College. Your personal appraisal is of great importance to the Office of Admissions and will assist in counseling to the student after admission.

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

What is your relationship to the applicant? \_\_\_\_\_

Has the applicant ever been convicted of a felony? \_\_\_\_\_

Is the applicant emotionally stable? \_\_\_\_\_

Please rate the applicant according to your assessment by checking the appropriate box:

	Very Low	Modest	Good	Very Good	Outstanding	Unable to Judge
Academic Ability						
Strength of Character						
Degree of Motivation						
Emotional Maturity						
Possibility of Success in College						

**Dallas Christian College • 2700 Christian Parkway • Dallas, TX 75234**

Main Office (972) 241-3371 or (800) 688-1029 • Fax (972) 241-8021

Briefly summarize your evaluation of this individual, explaining particular weaknesses and strengths.

**WEAKNESSES:**

**STRENGTHS:**

Do you recommend the applicant for admission to Dallas Christian College?     Yes                       No

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_