PASTOR'S RECOMMENDATION

STUDENT'S NAME: _____
Last First Middle

ADDRESS: _____
Street / P.O Box

_____
City State Zip

PASTOR'S NAME: _____

CHURCH'S NAME: _____

_____
Street / P.O Box

_____
City State Zip

Dear Pastor:

The above named person has applied for admission to Arlington Baptist College. The College requires a letter of recommendation from the pastor before admission can be approved.

If you feel that this person is prepared and qualified both personally and spiritually, please sign the statement below. You may return this to the person to submit with the application. If you would like to provide additional information on this person, you may mail a letter to the registrar of the College.

Thank you for your help in this matter and for your sharing the person with us.

The above named person is a member of my church. I have had sufficient time to evaluate the person's spiritual development and feel that he/she can be recommended to Arlington Baptist College as a student.

_____ _____
Pastor's Signature Date

Mail this form to:
Arlington Baptist College
Attn: Admissions
3001 W. Division Arlington, Texas 76012