

ACADEMIC REFERENCE FORM



TO THE APPLICANT:

FILL IN YOUR NAME AND SIGNATURE AND GIVE THIS REFERENCE FORM TO A TEACHER OR PROFESSOR WHO KNOWS YOU WELL. *(By signing this form I waive my right of access to any information it may contain.)*

NAME: _____ SIGNATURE: _____ Date: _____

THE REST OF THIS FORM IS TO BE COMPLETED BY THE TEACHER

TO THE TEACHER:

THE ABOVE SIGNED STUDENT IS REQUESTING YOUR RECOMMENDATION FOR ACCEPTANCE TO CENTRAL CHRISTIAN COLLEGE OF THE BIBLE'S HONORS PROGRAM. FOR MORE INFORMATION ABOUT CCCB FEEL FREE TO BROWSE OUR WEBSITE AT <http://www.cccb.edu>. YOUR HONEST INPUT HELPS US IN OUR EVALUATION.

NAME: _____

TITLE: _____ HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

PLEASE MARK BEST OPTION	EXCELLENT	ABOVE AVG.	AVERAGE	BELOW AVG.	POOR	UNKNOWN
PERSONAL MATURITY						
HONESTY/RELIABILITY						
EMOTIONAL STABILITY						
ACADEMIC APTITUDE						
ABILITY TO WORK UNDER STRESS						
LEADERSHIP						
INTEGRITY						
WORK HABITS						
DESIRE TO LEARN/GROW						

PLEASE MARK	HOW HIGHLY DO YOU RECOMMEND THIS APPLICANT FOR THE HONORS PROGRAM?		
HIGHLY	GENERALLY	HESITANTLY	NOT AT ALL

BRIEFLY DESCRIBE THE APPLICANT'S ACADEMIC CAPABILITIES:

SIGNATURE _____ Date _____

SCHOOL _____ SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PLEASE MAIL TO:

**ATTN: Paul Axton, Honors Program Director
CENTRAL CHRISTIAN COLLEGE OF THE BIBLE
911 E. URBANDALE
MOBERLY, MO 65270**