

GENERAL REFERENCE

Department of Student Development | Christian Life College | 9023 West Lane | Stockton, California 95210
209.476.7840 | Fax: 209.476.7868 | Email: info@clc.edu

CHRISTIAN LIFE COLLEGE

EST. 1949

—CONFIDENTIAL—

Student's Name _____ Date ____/____/____

1. Which area of study do you feel the applicant is best fitted for at CLC?
 Bible & Theology Christian Music Christian Education General Ministry
 Missiology Christian Media & Communication
2. How long have you known the applicant? _____
3. Has he or she had any serious emotional problems? No Yes (*If yes, please explain*)

4. Is the applicant's lifestyle uncompromising and separated from worldliness?

5. State your opinion of the applicant's integrity.

6. What relationship do you have with the applicant?

7. Do you know of any reason why this person would not be suitable to attend Christian Life College?
 No Yes (*If yes, please explain*)

8. Do you consider this person to be a dedicated Christian? Why?

9. Is this person trustworthy? Yes No (*If no, please explain*)

10. List any outstanding traits or extremes: such as boldness, shyness, etc.

11. Would you want your children to be in close association with this person?

12. Has the applicant ever been dismissed or refused admission from a school for any reason?

If Yes, please explain:

13. To your knowledge has the applicant ever been:

Incarcerated Convicted of a legal offense other than a traffic violation?

14. Give a brief summary of your evaluation of this individual:

I recommend I do not recommend I recommend with reservation

Signature _____ Date ____/____/____

Address _____

Phone Number (_____) _____ Email _____

Please mail this form directly to:

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