



EDUCATION/EMPLOYER REFERENCE FORM

Saint Louis Christian College

APPLICANT CONTACT INFORMATION (to be filled out by the applicant)

If you are currently enrolled in high school or college, we require that this form be filled out by a teacher or counselor at your current school. If you are in the workforce, we ask that this form be filled out by your employer.

Name:

Last

First

Middle

Maiden

Address:

Street

City

State

Zip

Home phone: ()

Cell Phone: ()

Do you waive your right to see this reference? Yes ☐ No ☐

I understand I have waived my right of accessing the information included on this reference form. It is confidential and will be seen only by the appropriate personnel of Saint Louis Christian College.

Applicant's Signature:

Date:

APPLICANT INFORMATION (to be filled out by the reference. Reference cannot be related to applicant.)

Saint Louis Christian College is a Bible college based on Biblical principles and core values we believe all applicants should possess. Please answer the following questions to the best of your knowledge. All responses will remain confidential.

How long have you known the applicant?

In what capacity do you know the applicant?

Please rate the applicant to the best of your knowledge in the following areas:

	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
SCHOLASTIC ABILITY FOR COURSEWORK					
PEOPLE SKILLS					
MOTIVATION					
LEADERSHIP SKILLS					
DEPENDABILITY					
COOPERATION					
MATURITY					
ATTITUDE					
FAITHFUL (REGULAR) ATTENDANCE					

RECOMMENDATION INFORMATION

The Office of Admissions appreciates your candid comments regarding this applicant. Please use the space below to provide the Admissions Committee with a perspective on the applicant's motivation, ability, character and personality.

Do you recommend that we accept this applicant as a student at Saint Louis Christian College?

- ☐ Yes, I recommend this student with no reservations.
☐ Yes, I recommend this student with few reservations.
☐ No, I do not think this student would be a good fit for SLCC.

Do you feel that this applicant is academically suited for college? Yes ☐ No ☐

REFERENCE CONTACT INFORMATION

Name: _____
Last First

Address: _____
Street City State Zip

Work Telephone: () E-mail: _____

Signature: _____ Date: ____ / ____ / ____

May we call you if we have any questions regarding this applicant? Yes ☐ No ☐

No person is denied the benefits of admission to Saint Louis Christian College on the basis of race, color, national origin, sex or disability.

Please mail completed form to: OFFICE OF ADMISSIONS
SAINT LOUIS CHRISTIAN COLLEGE
1360 GRANDVIEW DRIVE
FLORISSANT, MISSOURI 63033