CONFIDENTIAL ADMISSIONS REFERENCE

Educational (First Time in any College)

Instructions for Applicant: Complete the upper portion of this form and present it to your high school counselor or principal.

I, _____, am applying for admission to Magnolia Bible College. Please complete
(please print)

this evaluation and send it to the **Director of Admissions, P.O. Box 1109, Kosciusko, MS 39090**. I will not have access to this information and it will be held in complete confidence.

Signature _____ Date _____

Address _____
(Street) (City) (State) (Zip Code)

The person whose name and address appears above is an applicant for undergraduate admissions to Magnolia Bible College. This form is to be completed and mailed to the Director of Admissions as addressed above. Your response will remain completely confidential. Thank you for your assistance.

YES	NO	UNKNOWN	Please check one on each line
			1. Is there any question about the student's ability to succeed academically?
			2. Are there any prevalent personal or home adjustment problems?
			3. Has this person been involved in law violations (excluding minor traffic offenses)?
			4. Has he/she received professional counseling for emotional problems?
			5. Has this individual ever required disciplinary action by school officials?
			6. Has he/she ever been dismissed or suspended for any reason?
			7. Does the record reveal excessive absenteeism?
			8. Has he/she used intoxicants, drugs, or tobacco?
			9. Are there physical handicaps that would make it difficult to pursue a college program?

Please check one: ☐ Recommended for Admission ☐ Not recommended ☐ Prefer not to make a recommendation ☐ Phone Me

Please use the space below to explain any "yes" answer(s). Also, add any other comments which will be of value concerning leadership abilities, personality, special talents, problems, etc.

This information is from: ☐ My personal knowledge of the applicant ☐ Both personal knowledge and records ☐ School records

Signed _____ Occupation / Title_____

Address_____ Phone _____
(Street) (City) (State) (Zip Code)

The above address and phone number apply to my ☐ Office ☐ Residence