



West Georgia Baptist College

6456 The King's Way, Douglasville, GA 30135 (770) 949-0812

PASTOR'S RECOMMENDATION

Please complete the first section of this recommendation form, then give it to your pastor. If the pastor is a relative, please give this form to an assistant pastor or officer in the church. No action will be taken on your application until this form is received.

To be completed by the student:

I am authorizing the release of the following information to be considered in my application for admission to West Georgia Baptist College, and I understand that all information will be held in confidence by the college and will not be released to me or anyone else. I understand that this recommendation will be mailed directly to West Georgia Baptist College by my pastor.

Signature of student: _____

Student's name (please print): _____

Address: _____

City

State

ZIP

To be completed by the pastor of the above student:

May we ask your help as we seek to make an intelligent selection of students and to learn something about their needs before they come to us? This information will be held strictly confidential by West Georgia Baptist College and will not be made available to the candidate. Please answer all questions frankly.

1. What relationship do you have with this person?

2. Has this person ever been married before? If yes, please explain why.

3. Do you know of any reason why this person would not be suitable to attend West Georgia Baptist College? If yes, please state why.

4. Do you believe that this person will be able to complete college studies successfully? If no, please state why.

5. Is this person trustworthy? _____

6. Would you want your children or family members to be in close association with this person? _____

Any additional information that you may have would be appreciated and may be attached to this form. Thank you very much for your time and cooperation.

Please mail this completed form to the following address:

**Admissions Office
West Georgia Baptist College
6456 The King's Way
Douglasville, GA 30135**

This person's application cannot be further processed until we hear from you.

Signature of the person filling out this form _____

Name (please print) _____

Address: _____

City

State

ZIP