## Christ Seminary Application: Reference C

## **Teacher Recommendation Form**

Dear Educator,

The person who has given you has given you this form has made application for admission to Christ Seminary. Your honest, forthright answers to the questions below are greatly appreciated, and will help us determine if admission should be granted. Thank you for your co-operation.

Applicant's Name:			
Surname	Name(s)		
Your name, position and ph	one number	ame	
Position		Phone number	
Your e-mail address:			
How long have you known t	he applicant?		
Based on your knowledge	of the applicant, do you	think he can thrive in a rigorous	s academic
environment?			
Circle the appropriate answ	er below:		
Based on what I know of the		abilities of the applicant, I	
	end without reservation	,	
2. Recomm	end , but with some reser	vation	
3. Do not re	commend		
Signature and title		 Date	
Please return this	This for	······································	

Please return this completed form to: The Registrar Christ Seminary PO Box 857 Fauna Park 0787

This form can be downloaded from our website:

http://christbaptistseminary.co.za/resources/ Forward the completed form to us on: christseminary@christbaptist.co.za

The completed documents can also be faxed to us on: 015 296-9959 or 086 560-5260