



THE MASTER'S COLLEGE

Christian College Transfer Form — For students who have previously attended another Christian College/University or Bible Institute.

INSTRUCTIONS

1. Complete the top portion and give this form to the Dean of Students at your previous college/university.
2. Provide your Dean with a stamped envelope to:
The Master's College Office of Admissions
 21726 Placerita Cyn Rd, Santa Clarita, CA 91321

TO THE APPLICANT

LAST NAME	FIRST	DATE OF BIRTH
CURRENT ADDRESS		CITY/STATE/ZIP
NAME OF COLLEGE/UNIVERSITY		DATES ATTENDED

The Family Educational Rights and Privacy Act of 1974 provides for a matriculated student to have access to this reference form unless a waiver to that effect has been signed. If you wish to waive your right of access to this reference, sign your name in the space provided. If you do not sign, you will be permitted to inspect this reference only if you enroll at The Master's College. In the event I become a student at The Master's College, I hereby waive my right of access to this letter of reference.

SIGNATURE OF APPLICANT	DATE
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TO BE COMPLETED BY THE DEAN OF STUDENTS

NAME	EMAIL
NAME OF COLLEGE/UNIVERSITY	POSITION/TITLE
	PHONE ()

SIGNATURE OF DEAN	DATE
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CAMPUS INFLUENCE

1. Desirable Doubtful Undesirable Unknown
2. Would you readmit him/her? Yes No Conditionally, explain:

3. Are there any previous academic or student discipline issues? Yes No *If yes, please explain:*

4. How well does the applicant relate to others?

Same sex: _____ Opposite Sex: _____

5. Has the student been a positive influence in the residence halls?

PHYSICAL HEALTH

1. Poor Average Excellent Any unusual problems? _____

SPIRITUAL HEALTH

1. Evaluate chapel or church attendance/commitment: _____
2. Does he/she demonstrate a desire to grow spiritually? _____

I WOULD PREFER TO DISCUSS THIS RECOMMENDATION BY PHONE.