



# FORM A Contact Information Application for Admission

## New Brunswick Bible Institute

2335 Route 103

Victoria Corner NB E7P 1C7

Email: registrar@nbbi.ca

Admissions: Toll Free: (800) 771-NBBI (6224)

Phone: (506) 375-9000 Fax: (506) 375-1800



**Interested in attending NBBI?  
Create Your Personal Profile.**

*Please print clearly or type.*

*Mandatory fields are marked with an \**

\*Legal Name \_\_\_\_\_  
Last First Middle

\*Address \_\_\_\_\_  
Street/PO Box City/Town Province/State Postal/Zip Code Country

Email \_\_\_\_\_ \*Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Gender  Male  Female  
Year Month Day

Please check off how you would prefer us to correspond to you.  Email  Phone  Regular mail

\*I am applying as a

- New student
- Re-entry student (Contact Registrar for proper requirements. You will not necessarily need to fill in all forms.)
- Transfer student (This is a student who has taken classes at another Christian, post-secondary institution. You will be accepted as an upperclassman only after our acceptance committee has reviewed your educational information.)

\*Academic Semester - Select your start term.

Sep 2024  Jan 2025  Sep 2025  Jan 2026  Other \_\_\_\_\_

\*Academic Program - Select the academic program in which you would like to enrol.

LifeQuest/Associate of Biblical and Theological Studies (1 year)

Biblical and Theological Studies (3 years), beginning with the LifeQuest program

Biblical and Theological Studies Transfer

Advanced Biblical Ministries - Bachelor of Biblical Studies (4th year)

How did you hear about NBBI? Check as many as apply.

- Current student  Past student  NBBI retreat/conference
- Advertisement  Friend/relative  Catalogue
- Website  Other \_\_\_\_\_

\*Choose one of the following

**Create my profile.** Creating your profile will give us the information we need to start your file, send you updates and new information, i.e. fees, etc. and will let us know you are interested in attending NBBI. We will begin an application file on you. At a later date, you can complete the application forms and we will add them to your file as we receive them. Mail or fax this form to the address above.

**Create my profile and continue the application process.** Creating your profile will give us the information we need to start your file, send you updates and new information, i.e. fees, etc. and will let us know you are interested in attending NBBI. Continuing the application process involves completing Forms B, C and D. You should fill in your name and address on forms E and F and give them to your referees. You should also ask your school to send us a transcript.

**All forms can also be found on the NBBI website.  
Apply on-line at [www.nbbi.ca/admissions/applications](http://www.nbbi.ca/admissions/applications)**

# FORM B General Information Application for Admission

**New Brunswick Bible Institute**

2335 Route 103

Victoria Corner NB E7P 1C7

Email: registrar@nbbi.ca

Admissions: Toll Free: (800) 771-NBBI (6224)

Phone: (506) 375-9000 Fax: (506) 375-1800



**Continue the application process.  
Complete this form.**

*Please print clearly or type.*

*Mandatory fields are marked with an \**

\*Legal Name \_\_\_\_\_  
Last First Middle

## Personal Information

\*Birth Place \_\_\_\_\_ \*Citizenship  Canada  USA  Other \_\_\_\_\_  
City/Town Province/State Country

\*Social Insurance/Social Security # \_\_\_\_\_ Maiden Name \_\_\_\_\_  
If Applicable

\*Marital Status  Single  Married  Widowed  Widowed/remarried  Separated  Divorced  Divorced/remarried

\*Spouse's Name \_\_\_\_\_ Spouse's Maiden Name \_\_\_\_\_

## Personal History

\*Parent(s) or Guardian(s): Names \_\_\_\_\_

\*Address \_\_\_\_\_  
Street/PO Box City/Town Province/State Postal/Zip Code

Email \_\_\_\_\_ \*Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Education

\*High School  Public high school  Private high school  Christian high school  Home school  GED

Name \_\_\_\_\_

Address \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City/Town Province/State Year Month

### \*Post-secondary Institutions

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/Town Province/State

Dates Attended \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Year Month Year Month

Diploma/Degree \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/Town Province/State

Dates Attended \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Year Month Year Month

Diploma/Degree \_\_\_\_\_ Reason for leaving \_\_\_\_\_

\*Have you ever been dismissed from or rejected by a school?  No  Yes

\*If so, from where? Why? \_\_\_\_\_

**All forms can also be found on the NBBI website.  
Apply on-line at [www.nbbi.ca/admissions/applications](http://www.nbbi.ca/admissions/applications)**

# FORM B Continued General Information Application for Admission

**Continue the application process.  
Complete this form.**

*Please print clearly or type.*

*Mandatory fields are marked with an \**

\*Legal Name \_\_\_\_\_  
Last First Middle

## Christian Experience

\*Please attach a **300-400 word testimony** including your conversion and assurance of salvation, your Christian growth, your family life and your expectations and goals for your educational experience at NBBi.

\*What church do you regularly attend? \_\_\_\_\_

Address \_\_\_\_\_ Denomination \_\_\_\_\_  
City/Town Province/State

\*Have you read and are you in agreement with the doctrinal statement of NBBi (page 4 in catalogue)?  Yes  No

If no, explain your disagreement. \_\_\_\_\_

## References

\*We must have two references to complete your application (Forms E and F). Please fill in your name and address at the top of the reference sheets and give them to the individuals specified (not relatives) who know you well and have been in contact with you during the last year. List their names and addresses below for our records.

\*Pastor/Elder \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Church \_\_\_\_\_  
Street/PO Box City/Town Province/State Postal/Zip Code

\*Employer/Teacher (if possible, otherwise an adult personal friend)

\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_  
Street/PO Box City/Town Province/State Postal/Zip Code

New Brunswick Bible Institute reserves the right to request further reference forms if the forms submitted are deemed inadequate in helping the admissions committee make an informed acceptance decision.

## Financial information

\*How do you expect to meet your expenses at NBBi? (Check as many as apply.)

- Savings  Government student loans  Bank student loan  NBBi scholarship
- Church  Parents  Relatives  Sponsoring agency  Other scholarship
- Other \_\_\_\_\_

\*Are you currently in debt or financially involved?  No  Yes (if so, please explain) \_\_\_\_\_

I will be applying for the early application scholarship. Application forms can be found on our website or call (506) 375-9000 and ask for the business office. You can also email us at [scholarships@nbbi.ca](mailto:scholarships@nbbi.ca). To qualify for this scholarship, all application forms, references, transcripts and your student confirmation fee must reach the admissions office by March 31st.

**All forms can also be found on the NBBi website.  
Apply on-line at [www.nbbi.ca/admissions/applications](http://www.nbbi.ca/admissions/applications)**

# FORM C Medical Form Application for Admission

**New Brunswick Bible Institute**

2335 Route 103

Victoria Corner NB E7P 1C7

Email: registrar@nbbi.ca

Admissions: Toll Free: (800) 771-NBBI (6224)

Phone: (506) 375-9000 Fax: (506) 375-1800



**Continue the application process.  
Complete this form.**

*Please print clearly or type.*

*Mandatory fields are marked with an \**

\*Legal Name \_\_\_\_\_  
Last First Middle

\*Address \_\_\_\_\_  
Street/PO Box City/Town Province/State Postal/Zip Code

\*Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*  Male  Female  
Year Month Day

\*Emergency contact person? \_\_\_\_\_ \*Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Type of hospital or medical insurance \_\_\_\_\_

\*Insurance No. \_\_\_\_\_ \*Name of policy holder \_\_\_\_\_

\*Address \_\_\_\_\_  
Street/PO Box City/Town Province/State Postal/Zip Code

\*Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Medical History

\*Do you have any health or physical condition which requires special attention?  No  Yes. If so, explain.

\_\_\_\_\_

\_\_\_\_\_

\*Do you have or have you had any of the following medical problems?

	Ever Had	Past Year		Ever Had	Past Year
Asthma	<input type="checkbox"/>	<input type="checkbox"/>			
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>
ADD, ADHD	<input type="checkbox"/>	<input type="checkbox"/>	STDs	<input type="checkbox"/>	<input type="checkbox"/>
			Other _____	<input type="checkbox"/>	<input type="checkbox"/>

\*Do you have or have you had any of the following emotional or medical problems?

	Ever Had	Past Year	Allergies No <input type="checkbox"/> Yes <input type="checkbox"/>
Anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____
Social difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clinical depression	<input type="checkbox"/>	<input type="checkbox"/>	_____

\*List any medications you take on a regular basis. \_\_\_\_\_

\*Within the last year have you made use of alcohol, tobacco, or non-medical drugs?  No  Yes. If yes, please explain your current belief/attitude towards those items. \_\_\_\_\_

\_\_\_\_\_

**All forms can also be found on the NBBI website.  
Apply on-line at [www.nbbi.ca/admissions/applications](http://www.nbbi.ca/admissions/applications)**

# FORM D Getting To Know You Application for Admission

**New Brunswick Bible Institute**

2335 Route 103

Victoria Corner NB E7P 1C7

Email: registrar@nbbi.ca

Admissions: Toll Free: (800) 771-NBBI (6224)

Phone: (506) 375-9000 Fax: (506) 375-1800



**Continue the application process.  
Complete this form.**

*Please print clearly or type.*

*Mandatory fields are marked with an \**

\*Legal Name \_\_\_\_\_  
Last First Middle

## Personal History

Nickname (preferred name) \_\_\_\_\_

Children's names and ages \_\_\_\_\_

What/who most influenced you to make application to NBBI? \_\_\_\_\_

List any of your relatives who attended NBBI. \_\_\_\_\_

What kind(s) of music do you like? \_\_\_\_\_

What musical instrument(s) do you play and how well? \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

In what student life activities are you interested?

- Softball    Men's basketball    Soccer
- Music ministry team    Chapel worship team    Drama team    Missions team
- Children's ministry    Teen ministry    Seniors' ministry    Preaching/teaching ministry

What employment experience do you have? Please include places, specific tasks, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Release and Agreement

I declare that, to the best of my knowledge, the information provided in this application is complete, accurate and true. I understand that the personal information provided in this application, including Forms A, B, C, D, E and F and scholastic transcripts, may be used by New Brunswick Bible Institute employees and representatives for purposes that are fulfilling this institute's mission and providing me with a quality education. I understand that the contents of this application become the property of New Brunswick Bible Institute. I understand that all assigned work must be satisfactorily completed and all fees must be paid before I am able to graduate from New Brunswick Bible Institute. If accepted as a student, I will support the ideals and standards of the school and strive to maintain a high standard of Christian conduct while enrolled.

\*Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Year Month Day

\*Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 (If applicant is under 18) Year Month Day

*The information provided in this application, including Forms A, B, C, D, E and F and scholastic transcripts, will be held in confidence by New Brunswick Bible Institute and will not be released to anyone (other than employees and representatives of New Brunswick Bible Institute for purposes that are fulfilling this institute's mission), without your permission or the permission of the persons giving character reference, or in the absence of a court order, subpoena or law requiring the disclosure of such information.*

**All forms can also be found on the NBBI website.  
Apply on-line at [www.nbbi.ca/admissions/applications](http://www.nbbi.ca/admissions/applications)**

# FORM E Pastoral Reference Application for Admission

## New Brunswick Bible Institute

2335 Route 103

Victoria Corner NB E7P 1C7

Email: registrar@nbbi.ca

Admissions: Toll Free: (800) 771-NBBI (6224)  
Phone: (506) 375-9000 Fax: (506) 375-1800



**Fill in your name, phone number and address  
and then give this form to your Pastor/Elder.**

**Please print clearly or type.** Shaded area to be filled in by the applicant.  
**This form can also be found on the NBBI website, [nbbi.ca/admissions/applications/nbbi-student-application/](http://nbbi.ca/admissions/applications/nbbi-student-application/)**

Applicant's Name _____		Phone (____) _____ - _____	
Last	First		
Address _____		_____	
Street/PO Box	City/Town	Province/State	Postal/Zip Code

*If your church is without a pastor or your pastor is a relative, this form can be filled out by a former pastor, elder or deacon.*

### Referee

#### Confidential

The above named is an applicant for admission to New Brunswick Bible Institute. Will you kindly aid us in judging the applicant's fitness to become a student by supplying the information requested in this form? Your frank and honest appraisal will be appreciated and held in strict confidence. **WE CANNOT PROCESS THE APPLICATION UNTIL WE RECEIVE THIS FORM**, so we would appreciate your prompt response.

How long, and in what capacity have you known the applicant? Years \_\_\_\_\_ Months \_\_\_\_\_, \_\_\_\_\_

How well do you know the applicant?  Very well  Fairly well  Casually  Not well

Give any information you can concerning the applicant's home conditions and family background. \_\_\_\_\_

To your knowledge, has the applicant received Jesus Christ as Saviour?  Yes  Do not know  No

At what level is the applicant's Spiritual growth?  Superficial  Genuine but immature  Genuine and growing  Mature

Is the applicant living a consistent Christian life?  Yes  No. If not, please explain \_\_\_\_\_

Is the applicant's attendance in your church  Very regular  Regular  Irregular  Seldom  Never

Please comment on the above if irregular, seldom or never? \_\_\_\_\_

How active has the applicant been in your church?  Very active  Active  Somewhat active  Not active

In what capacities? \_\_\_\_\_

To what degree of success?  Very successful  Successful  Somewhat successful  Unsuccessful

What is the applicant's attitude towards authority?  Cooperative & respectful  Usually positive  Indifferent  Rebellious or critical

Is the applicant's influence on others:  Detrimental  Passive, no positive influence  Varying  Consistently good

Does the applicant have noticeable leadership qualities?  Definitely  Yes  Possibly  Tries but fails  Not apparent

Has the applicant any special talents or abilities? \_\_\_\_\_

**Continued on reverse side >**

# FORM E Continued Pastoral Reference Application for Admission

*This form can also be found on the NBBI website, [nbbi.ca/admissions/applications/nbbi-student-application/](http://nbbi.ca/admissions/applications/nbbi-student-application/) Send your reference form electronically.*

**Continue the application process.  
Fill in your name, phone number and address  
and then give this form to your Pastor/Elder.**

***Please print clearly or type.***

*Shaded area to be filled in by applicant*

Applicant's Name _____		Phone (____) _____ - _____	
<small>Last</small>	<small>First</small>		
Address _____		Postal/Zip Code _____	
<small>Street/PO Box</small>	<small>City/Town</small>	<small>Province/State</small>	

## Referee

Has the applicant had teaching experience?  No  Little, but ineffective  Little, does well  Yes, good teacher  Experienced

Have you noted any particular weaknesses? \_\_\_\_\_

Have you ever had occasion to question the applicant's moral conduct?  No  Yes. If yes, please explain \_\_\_\_\_

To your knowledge has the applicant ever been disciplined or dropped from school?  Yes  No

Do you believe the applicant has sufficient strength and mental ability to carry on an intensive academic load?  Yes  No

If the applicant is married, briefly comment on the relationship. \_\_\_\_\_

If you have any further information that would help us evaluate this applicant, please comment below. Thank you!

Would you recommend that we accept this applicant?  No  Reluctantly  Yes  Definitely.

Name of referee (please print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Position \_\_\_\_\_

Name of church \_\_\_\_\_ Denomination \_\_\_\_\_

Signature of referee \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Please return this form in an envelope to:  
**DIRECTOR OF ADMISSIONS - CONFIDENTIAL  
NEW BRUNSWICK BIBLE INSTITUTE  
2335 ROUTE 103  
VICTORIA CORNER NB E7P 1C7**

or fax to: **(506) 375-1800**



# FORM F Employer/Teacher Reference Application for Admission

**New Brunswick Bible Institute**

2335 Route 103

Victoria Corner NB E7P 1C7

Email: registrar@nbbi.ca

Admissions: Toll Free: (800) 771-NBBI (6224)

Phone: (506) 375-9000 Fax: (506) 375-1800



**Fill in your name, phone number and address and then give this form to your Employer or Teacher.**

*Please print clearly or type. Shaded area to be filled in by applicant*

*This form can also be found on the NBBI website, [nbbi.ca/admissions/applications/nbbi-student-application/](http://nbbi.ca/admissions/applications/nbbi-student-application/)*

Applicant's Name _____		Phone ( _____ ) _____ - _____	
Last	First		
Address _____			
Street/PO Box	City/Town	Province/State	Postal/Zip Code

*This form should not be filled out by a close relative.*

## Referee

### Confidential

The above named is an applicant for admission to New Brunswick Bible Institute. Will you kindly aid us in judging the applicant's fitness to become a student by supplying the information requested in this form? Your frank and honest appraisal will be appreciated and held in strict confidence. **WE CANNOT PROCESS THE APPLICATION UNTIL WE RECEIVE THIS FORM**, so we would appreciate your prompt response.

What is your relationship to the applicant  Employer  Teacher

How well do you know the applicant?  Very well  Fairly well  Casually  Not well

Please check the term which best describes the applicant.

- |                              |   |  |  |
|------------------------------|---|--|--|
| <b>Teachability</b>          | <input type="checkbox"/> Repeated instruction necessary | <input type="checkbox"/> Slow, but retains well          | <input type="checkbox"/> Average ability               |
|                              | <input type="checkbox"/> Learns readily                 | <input type="checkbox"/> Brilliant, exceptional capacity | <input type="checkbox"/> Do not know                   |
| <b>Achievement</b>           | <input type="checkbox"/> Vacillating in purpose         | <input type="checkbox"/> Does what is assigned           | <input type="checkbox"/> Meets average expectations    |
|                              | <input type="checkbox"/> Resourceful & effective        | <input type="checkbox"/> Superior ability                | <input type="checkbox"/> Do not know                   |
| <b>Creativity</b>            | <input type="checkbox"/> Requires constant oversight    | <input type="checkbox"/> Succeeds if directed            | <input type="checkbox"/> Average occasional initiative |
|                              | <input type="checkbox"/> Shows good initiative          | <input type="checkbox"/> Actively creative               | <input type="checkbox"/> Do not know                   |
| <b>Industry</b>              | <input type="checkbox"/> Lazy                           | <input type="checkbox"/> Needs occasional prodding       | <input type="checkbox"/> Average, moderate             |
|                              | <input type="checkbox"/> Active, does his/her part      | <input type="checkbox"/> Seeks additional work           | <input type="checkbox"/> Do not know                   |
| <b>Responsibility</b>        | <input type="checkbox"/> Irresponsible                  | <input type="checkbox"/> Shows some dependability        | <input type="checkbox"/> Usually reliable              |
|                              | <input type="checkbox"/> Conscientiously reliable       | <input type="checkbox"/> Capable of much responsibility  | <input type="checkbox"/> Do not know                   |
| <b>Judgment</b>              | <input type="checkbox"/> Difficulty in making decisions | <input type="checkbox"/> Impulsive                       | <input type="checkbox"/> Average                       |
|                              | <input type="checkbox"/> Uses sound judgment            | <input type="checkbox"/> Exceptionally discerning        | <input type="checkbox"/> Do not know                   |
| <b>Quality of work</b>       | <input type="checkbox"/> Poor                           | <input type="checkbox"/> Acceptable                      | <input type="checkbox"/> Average                       |
|                              | <input type="checkbox"/> Above average                  | <input type="checkbox"/> Excellent                       | <input type="checkbox"/> Do not know                   |
| <b>Punctuality in work</b>   | <input type="checkbox"/> Has to be prodded              | <input type="checkbox"/> Not always punctual             | <input type="checkbox"/> Almost always punctual        |
|                              | <input type="checkbox"/> Always punctual                | <input type="checkbox"/> Always early                    | <input type="checkbox"/> Do not know                   |
| <b>Attitude toward work</b>  | <input type="checkbox"/> Usually negative               | <input type="checkbox"/> Passive                         | <input type="checkbox"/> Varying attitude              |
|                              | <input type="checkbox"/> Usually positive               | <input type="checkbox"/> Enthusiastic                    | <input type="checkbox"/> Do not know                   |
| <b>Attitude toward peers</b> | <input type="checkbox"/> Reluctant to mix               | <input type="checkbox"/> Some difficulty mixing          | <input type="checkbox"/> Average                       |
|                              | <input type="checkbox"/> Usually relates well           | <input type="checkbox"/> Relates very well               | <input type="checkbox"/> Do not know                   |

**Continued on reverse side >**

# FORM F Continued Employer/Teacher Reference Application for Admission

Fill in your name, phone number and address  
and then give this form to your Employer or  
Teacher.

*This form can also be found on the NBBi website,  
nbbi.ca/admissions/applications/nbbi-student-application/  
Send your reference form electronically.*

Shaded area to be filled in by applicant

**Please print clearly or type.**

Applicant's Name _____		Phone (____) _____ - _____	
<small>Last</small>	<small>First</small>		
Address _____		Postal/Zip Code _____	
<small>Street/PO Box</small>	<small>City/Town</small>	<small>Province/State</small>	

Please check the term which best describes the applicant.

- Attitude toward authority**  Rebellious or critical  Indifferent or independent  Varying response  
 Usually positive  Cooperative & respectful  Do not know
- Influence on others**  Detrimental influence  Passive, no positive influence  Varying influence  
 Consistently good influence  Wholesome influence  Do not know
- Emotional qualities**  Over-emotional  Inclined to be apathetic  Usually well-balanced  
 Consistently well-balanced  Unusually emotionally stable  Do not know
- Physical capacity**  Frequently incapacitated  Somewhat below par  Fairly healthy  
 Good health  Rugged & vigorous  Do not know
- Personal grooming**  Very untidy  Careless  Average  
 Neat, well-groomed  Unusually well-groomed  Do not know

Have you found the applicant consistently honest?  Yes  No. If not, please explain. \_\_\_\_\_  
\_\_\_\_\_

To your knowledge has the applicant ever been disciplined or dropped from school?  Yes  No

Do you believe the applicant has sufficient strength and mental ability to carry on an intensive academic load?  Yes  No

If you have any further information that would help us evaluate this applicant, we would appreciate your comments. Thank you!

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you recommend that we accept this applicant?  No  Reluctantly  Yes  Definitely.

Name of referee (please print) \_\_\_\_\_

Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City/Town Province/State Postal/Zip Code

Position \_\_\_\_\_ Name of business/school \_\_\_\_\_

Signature of referee \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Please return this form in an envelope to:

or fax to: **(506) 375-1800**

**DIRECTOR OF ADMISSIONS - CONFIDENTIAL  
NEW BRUNSWICK BIBLE INSTITUTE  
2335 ROUTE 103  
VICTORIA CORNER NB E7P 1C7**