

NACCAP RECOMMENDATION FORM

This form must be completed by an admissions staff member who is currently employed at a NACCAP member institution. This institution and the individual must have membership status for the past three years.

Thank you for taking the time to recommend this person for NACCAP membership. Please return your completed recommendation form to:

NACCAP

Membership Services

P.O. Box 5211

Huntington, IN 46750

(P) 260-356-5211

(F) 260-359-0101

(E) office@naccap.org

Person applying for membership _____

Address _____ City _____

State/Province _____ Zip _____

Institution of applicant _____ Phone _____

1. How long have you known the applicant? How well do you know them and what is your relationship to them?

2. Do you feel this person is a good fit with NACCAP? Why?

3. How long have you been associated with NACCAP?

4. To the best of your knowledge, does the applicant act in accordance with the Principles of Good Practice?

5. List any further comments regarding the applicant institution?

NACCAP
North American Coalition for
Christian Admissions Professionals

*Advancing Enrollment in
Christian Higher Education*

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6. Please check one of the following:

- I recommend for NACCAP membership.
- I do not recommend for NACCAP membership.
- I recommend with some reservation--*please explain below.*

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Name _____

Institution _____

Address _____ City _____

State/Province _____ Zip _____

Phone _____ Date _____