

# 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 institution 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](mailto:office@naccap.org)

Secondary School     College/University     Graduate School/Seminary

Institution applying for membership \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Institution Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

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

2. Would you identify this applicant school as a Christ-centered institution?

3. What distinctives does this institution possess that make it Christ-centered?

4. Do you feel this institution is a good fit with NACCAP? Why?

5. How long have you been associated with NACCAP?



**NACCAP**  
North American Coalition for  
Christian Admissions Professionals

*Advancing Enrollment in  
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6. To the best of your knowledge, does the applicant institution act in accord with the Principles of Good Practice?

7. List any further comments regarding the applicant institution.

8. 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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Christian Admissions Professionals

Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

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