Antioch School of Ministry

Pastor's Recommendation

To the Applicant (Please type or print)

Name of Applicant					
**	Last	First			
Address					
Street and Number		City			
Country		lber ()			
that its contents will no		abmitted directly to the Admissions Office with the understanding aive my right to see the confidential statement submitted on this form.			
		Signature:			
	To tl	he Pastor			
therefore, we ask that y		ion. Serious consideration will be given to your comments; . It should be returned directly to the Admissions Office of your ls are as follows:			
Since we request a can	did evaluation, we will hold you	or comments in the strictest confidence.			
1. How long have you	known the applicant?				
2. How well do you know	ow the applicant? (Check one)				
☐ By name / sight ☐ Casual/few perso	onal contacts	☐ Fairly well/numerous personal contacts ☐ Very close pastoral relationship			
3. Please indicate app	plicant's level of involvement in	church activities. (Check one)			
<u> </u>	ce / little participation	☐ Co-operative / willing to help ☐ Enthusiastic / deeply involved (Include positive personal traits)			
5. What do you conside	er the applicant's strong/weak po	oints? (Include positive/negative personal traits)			

6. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	No chance to observe
Leadership					
Responsibility					
Christian Commitment					
Initiative					
Cooperation					
Personal Appearance					
Moral Character					
Health					
Social adaptability					
Integrity and honesty					
Emotional stability					
9. Please check the terms		applicant's attitud			S.
☐ Critical	☐ Tolerant	□ P	assive	☐ Contem	ptuous
	Pastors In	formation			
Pastor's Name					
Name of Church					
Address and tele	phone number				