

PASTOR'S RECOMMENDATION

NOTE: THIS SECTION MUST BE COMPLETED BY APPLICANT.

TO THE APPLICANT: This recommendation should be completed by your pastor and mailed directly by him to the Admissions Office. If your pastor is your parent, spouse, or other family member, ask another member of the church's pastoral staff to complete this form. If a person other than your pastor (assistant pastor or youth pastor) completes the form, an explanation should be provided.

Date _____ Phone (_____) _____

Applicant's Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Country of Citizenship _____

CONFIDENTIALITY

Under the provisions of the Family Educational Rights and Privacy Act of 1974, registered students and alumnae/alumni have access to their educational records, including letters of recommendation for admission. The Act further provides that applicants may waive that right in order to offer confidentiality to those making a recommendation. Please indicate your decision in this matter and sign.

- I waive my right to review this letter of recommendation.
- I do not waive my right to review this letter of recommendation.

Applicant's Signature _____ Date _____

TO THE PASTOR: The above named is applying for admission to Christ For The Nations Institute. Serious consideration will be given to your comments. Thank you for your assistance.

1. How long have you known the applicant? (Must be six months or longer.) _____ In what capacity? _____

2. How well do you know him/her (Please check one.)

- Very well, pastoral relationship
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No I don't know

4. To what extent is the applicant engaged in the activities of your church? (Please check one.)

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? _____

6. Please indicate what you consider to be the applicant's strengths. _____

7. Do you know of any weaknesses of which we should be aware? _____

8. To your knowledge, does the applicant: Smoke? Yes No Drink? Yes No
Use illegal drugs? Yes No Comments: _____

9. Please describe home factors which might affect the applicant's success at CFNI. _____

10. The applicant's influence on his or her peers is: Positive Neutral Negative

11. Please evaluate the applicant in regard to the following categories. (Please circle one.)

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Reliability: dependability, responsibility	1	2	3	4	5	6
Maturity: personal development, ability to cope with life situations	1	2	3	4	5	6
Emotional stability: reaction to stress, poise, mood stability	1	2	3	4	5	6
Motivation: genuineness and depth of commitment	1	2	3	4	5	6
Judgment: ability to analyze a problem	1	2	3	4	5	6
Oral expression: clarity, coherence	1	2	3	4	5	6
Interpersonal relations: rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
Empathy: sensitivity to the needs of others	1	2	3	4	5	6
Work habits: stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
Leadership: creative thought, curiosity, self-confidence	1	2	3	4	5	6
Personal appearance: cleanliness, grooming	1	2	3	4	5	6
Integrity: honesty, moral character	1	2	3	4	5	6

12. Please add any further comments you may have which would help in our evaluation. _____

PLEASE CHECK ONE:

I highly recommend **I recommend** **I recommend *with reservation*** **I cannot recommend**

PLEASE PRINT OR TYPE THE INFORMATION BELOW:

Name _____ Phone (_____) _____

Name of church and denomination _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____