

CHRIST FOR THE NATIONS INSTITUTE
PERSONAL RECOMMENDATION

NOTE: THIS SECTION MUST BE COMPLETED BY APPLICANT.

TO THE APPLICANT: Each applicant to CFNI is required to submit a personal recommendation for review by the Admissions Office. Please complete this entire section. Then give this form to the person (teacher, employer or friend) you choose to have complete it.

Date _____ Phone (_____) _____

Applicant's Name _____

Present 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 PERSON COMPLETING THIS RECOMMENDATION: The above named individual is applying for admission to Christ For The Nations Institute. Serious consideration will be given to your comments. Thank you for your assistance. Once you have completed the form, please mail it to the Admissions Office (address on reverse).

1. How long have you known the applicant? _____

2. Relationship to the applicant is (may not be a family member):

High School Teacher/Counselor College Teacher/Counselor Employer Friend

3. Are you related to the applicant? Yes No If yes, how? _____

4. How well do you know the applicant? Name/Sight Casually Fairly Well Very Close

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

6. To your knowledge, does the applicant: Smoke? Yes No Drink? Yes No

Use illegal drugs? Yes No Comments: _____

7. Which characteristic(s) best describe the applicant?

Warmhearted Critical Tolerant Passive Sympathetic

Rebellious Respectful Enthusiastic Loving

8. To your knowledge, what Christian service does the applicant fulfill (such as Sunday school teacher, youth leader, nursery worker)? _____

OVER →

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

10. Please describe any weaknesses of the applicant of which we should be aware: _____

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

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

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment:	1	2	3	4	5	6
Social Adaptability:	1	2	3	4	5	6
Cooperativeness:	1	2	3	4	5	6
Integrity and Honesty:	1	2	3	4	5	6
Responsibility:	1	2	3	4	5	6
Mental Ability:	1	2	3	4	5	6
Physical Health:	1	2	3	4	5	6
Initiative:	1	2	3	4	5	6
Christian Character:	1	2	3	4	5	6
Emotional Stability:	1	2	3	4	5	6
Personal Appearance:	1	2	3	4	5	6
Leadership:	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

13. Please add further comments which would help in our evaluation. _____

PLEASE CHECK ONE:

I recommend **I recommend *with reservation*** **I *do not* recommend**

PLEASE PRINT OR TYPE THE INFORMATION BELOW:

Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Name of church and denomination _____

Position in church (if applicable) _____

Signature _____ Date _____

Please return this form to:

Christ For The Nations Institute • Attn: Admissions Office • P. O. Box 769000 • Dallas, TX 75376-9000