## 北美中華福音神學院

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E-Mail: academic@cesna.edu Web: www.cesna.edu

		RECOMMEN	IDATION			
NAME: (中)	(英)	First MT		•		
□ Apply for N	Master of Divinity	First M.I				
	Master of Christian Studies Majo	or: □Christian Ed	□Mission □	Counseling	□in General	
□ Apply for N	Master of Theological Studies MPM					
□ Apply for S						
	Diploma of Christian Studies					
∗I Agree to	o waive reviewing this form	Signature:				
		Read Car	elully			

- 1. Candidate has to fill in the above blanks before submitting to Reference(Pastor/Elder/Deacon). Please mail directly to the School.
- 2. This Recommendation has to be sent to the School promptly for reference. It is crucial for admission.
- 3. Reference should be sincerely honest. Please put check marks in appropriate boxes. For those unknown, leave blank.

## **APPLICANT'S CONDITIONS**

Weak Fair	Good	Outsta	nding	F	Remarks	3				
Personal: Leadership Skills										
Responsibility										
Initiative										
Personal Relationship										
Self Discipline										
Communication Skills										
Maturity										
Family: Marital Relationship										
Commitment to serve										
Family Witnesses										
Spiritual: Daily Devotion										
Biblical Knowledge										
Spiritual Maturity										
Intellectual: Intellectual Ability	/									
Research Work										
Application										
Ministry: Committed										
Gifted						_	_	_		
Team Spirit										
Monetary Offering										

Submissive to A	uthority								
	Evalu	iatio	n of	the A	App	icant	and Suggestions		
If the Applicant is admitted, what areas of personal development should be strengthened?									
_									
_									
What further training is necessary for the Applicant to serve effectively in the Church?									
_									
_									
What do you consider to be the Applicant's most outstanding gifts and traits?									
Please mark your recommendation:  Recommend with enthusiasm for admission.  Recommend for admission.  Recommend with reservation.									
Do not recommend admission. Other Opinions:									
Referee									
Your relationship with the Applicant:How long have you known the Applicant:									
Your Name:									
Title:									
Church:									
Position:									
Address:									
Phone:(O)			(H)				E-mail:		
Signature:				_Date:					