北美中華福音神學院

China Evangelical Seminary North America
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RECOMMENDATION

FULL NAME:
Last _____ First M.I _____

☐ Apply for Master of Divinity
☐ Apply for Master of Christian Studies Major: ☐ Christian Ed ☐ ntergenerational Ministry
☐ Mission ☐ Counseling ☐ Spiritual Formation ☐ in General
☐ Apply for Master of Theological Studies
☐ Apply for MPM
☐ Apply for Diploma of Christian Studies
☐ Apply for Family Life Education Diploma
☐ Apply for Spiritual Formation Diploma
☐ Apply for Intergenerational Ministry Diploma
✶ I Agree to waive reviewing this form Signature: _____

Read Carefully

1. The 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	Outstanding	Remarks
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 Authority	☐	☐	☐	☐	

Evaluation of the Applicant 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: _____