

Minnesota Graduate School of Theology

Associate School Programs

RECOMMENDATION FROM A CHRISTIAN FRIEND

Please Print

Student Applicant Information (to be completed by the Student)

TO THE STUDENT APPLICANT: This form should be completed by a Christian friend who has known you more than two years and mailed directly by him/her to the offices of School Admissions. The Minnesota Graduate School of Theology requests that the following waiver be signed by the applicant before this form is given to the individual for recommendation.

I hereby waive the right to inspect this confidential recommendation, which is part of my admission file.

Signature of Applicant: _____ Date: _____

Name of Student Applicant

Street Address

City () - () State Zip

Home Phone Cell Phone E-mail address

Christian Friend Recommendation Information (to be completed by friend)

TO THE RECOMMENDING FRIEND: The person named above is applying for admission to the Minnesota Graduate School of Theology. Serious consideration is given to this recommendation that you provide; therefore, your cooperation in completing this form as candidly as possible is greatly appreciated. All information provided will be held in the strictest confidence.

Name of Recommending Friend Occupation

Street Address

City () - () State Zip

Home Phone Cell Phone E-mail address

How long have you known the applicant? _____

How well do you know the applicant?

- Just by name and sight
- Casually; have occasional personal contact
- Fairly well; have regular personal contact
- Have a very close personal friendship

To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes
- No
- Unsure

What evidence of this commitment have you seen in the applicant's daily life? _____

In what form of Christian service have you had opportunity to observe the applicant? _____

How would you rate the applicant's spiritual influence on other people?

- Strong and positive influence
- Average and positive influence
- Neutral influence
- Strong and negative influence

Does the applicant use any of the following to your knowledge?

- Cigarettes
- Tobacco
- Illegal drugs
- Alcoholic beverages
- Other -- Explain: _____
- None of the above

To your knowledge, is the applicant presently responsible for paying his/her debts?

- Yes
- No
- Unsure

Please explain: _____

How would you rate the applicant in the following areas?

<u>Category</u>	<u>Superior</u>	<u>Above Avg.</u>	<u>Average</u>	<u>Below Avg.</u>	<u>Poor</u>
Mental ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had reason to question the applicant's morals?

- Yes
- No
- Unsure

Please explain: _____

Does the applicant have any mental or physical handicaps?

- Yes
- No
- Unsure

Please explain: _____

How would you rate the applicant's physical condition?

- Excellent
- Good
- Some problems
- Poor
- Other -- Explain: _____

Are there personality traits that would hinder the applicant's relationship with others?

- Yes No Unsure

Please explain: _____

Describe factors that might affect the applicant's success at the Minnesota Graduate School of Theology. We are interested in both positive and negative factors. Please comment on the family and social background of the applicant. _____

Would you consider the applicant emotionally qualified for full-time Christian service or ministry?

- Yes No Unsure

Please explain: _____

Has the applicant's entire record been such that you would place full confidence in his/her integrity?

- Yes No Unsure

Please explain: _____

Please share with us any additional information about the applicant that you feel would be helpful in our evaluation. _____

Application recommendation:

- I recommend this applicant without reservation.
 I recommend this applicant with reservation.
 I do not recommend this applicant.

Please explain: _____

Signature

Date

**Additional notes may be made on the back of this page.
Thank you for your assistance with this important process!**

Please send this completed form to:

