



Casa de Cristo  
Theological Seminary

# Recommendation for Admission

\_\_\_\_\_

Applicants Name

\_\_\_\_\_

Date of Birth

This form is confidential and will become the property of CDCTS and will not be returned to the student. Should the applicant be denied or otherwise not enroll, CDCTS is under no obligation to disclose the contents of the application to the applicant, nor will CDCTS release any information to a party legally unrelated to CDCTS unless required to do so. Upon enrollment, the application becomes a part of the student's permanent academic record and, as such, is subject to the Federal Family Educational Rights and Privacy Act (FERPA).

To be completed by Recommender (family members are not acceptable)

*Please print legibly.*

Recommender's name \_\_\_\_\_ E-mail address \_\_\_\_\_

Recommender's address \_\_\_\_\_

Recommender's job title \_\_\_\_\_ Telephone number \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Please indicate your understanding of the applicant's ministerial goals \_\_\_\_\_

Please evaluate the applicant in the following areas. Make comments on the back of this sheet for any Below Average or Poor responses. Feel free to use that space for any other comments as well.

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character (person of moral and spiritual integrity)	5	4	3	2	1	N
Judgment	5	4	3	2	1	N
Emotional stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to church-related vocation	5	4	3	2	1	N
Potential for effective ministry	5	4	3	2	1	N
Skill in relating to others	5	4	3	2	1	N
Financial responsibility	5	4	3	2	1	N

Spouse/family relations	5	4	3	2	1	N
Academic/intellectual abilities	5	4	3	2	1	N
Leadership potential	5	4	3	2	1	N

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?

Yes  No If yes, please elaborate.

Do you know of any physical, mental or emotional problems which might hinder the applicant's academic progress?

Yes  No If yes, please elaborate.

Do you know of any habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?

Yes  No If yes, please elaborate.

How do you perceive the attitude of the applicant's spouse/fiancé toward undergraduate education and vocational Christian ministry?

Very positive  Positive, with some reservations  Neutral  Negative

Not applicable Please elaborate \_\_\_\_\_

Would you recommend this person to a church-related position upon completion of undergraduate training?

Yes  No

Do you recommend this person for admission?  Yes  No If yes, please check one:

With confidence  With some reservations  With reluctance

What characteristics do you consider to be the greatest strengths or talents of the applicant?

What characteristics do you consider to be the greatest weaknesses of the applicant?

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**Recommender's Signature / Date**

Thank you for your thoughtful responses. Please return this form to:

**Admissions Office  
Casa de Cristo Theological Seminary  
P.O. Box 7007  
Phoenix, AZ 85014**