

Pastoral Recommendation

OSIMS Doctoral Colloquium

Part I - To Be Completed by the Applicant

Print your name on the line below and have this form completed by a non-relative pastor, small group leader, campus pastor, or an elder or deacon who knows you well.

Name of candidate (first and last):

Commitment for Respecting Confidentiality

This recommendation will be treated as confidential to the offices and faculty members of OSIMS. It will be used solely for decision on the application for admission.

Signature of applicant:

Date:

Part II - To be completed by a the Recommender

The above student is applying for admission to the OSIMS Doctoral Colloquium. In order to promote and maintain the principles of OSIMS as a Christian institution, special care is exercised in the admission of students. The applicant is expected to support the standards and the spirit of OSIMS and be in harmony with its purposes. We give serious consideration to this statement and therefore request that you complete this form carefully and candidly. This completed form is for the admissions process only and does not become a part of the student's file.

1. How long have you known the applicant?			
2. How well did you know the applicant? (check on scale)	Casually	Well	Very well
3. To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?	Yes	No	I do not know
4. To what extent is the applicant engaged in the activities of your church? (check on scale)	Seldom participates	Is co-operative and usually participates	Enthusiastically participates
5. In your opinion, does this applicant possess any			

outstanding abilities or talents? Please describe			
6. Does the applicant have any attitudes or habits which are not consistent with Biblical principles?			
7. What is the applicant's spiritual influence in your church? (check on scale)	Negative	Neutral	Positive
8. In social relationships, the applicant is ... (check on scale)	Tolerated	Well received	Sought for
9. To your knowledge does the applicant smoke, drink, or use habit forming drugs? Please comment.			
10. Please describe home factors which might affect the applicant's success at OSIMS:	Positive		
	Negative		

How would you rate this student in the following areas? (Please mark with an X your evaluation)

	Below average	Average	Above average	Truly outstanding	N/A
Co-operation					
Leadership					
Reliability					
Motivation					
Disposition					
Emotional Stability					
Concern for Others					
Physical Stability					
Social Maturity					

Do you have further comments that would help us evaluate this student's application? (Please attach a separate letter if necessary).

Summary recommendation	Not Recommended	Recommended without Enthusiasm	Strongly Recommended	Enthusiastically Recommended
Express in %	%	%	%	%

Personal information:

Your Name		
Position		
Church		
City		Zip code:
State		
Signature		
Date		