Pastoral Recommendation

**Osijek 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 Program staff, ODC Steering committee and mentors. It will be used solely for decision on the application for admission.**

|  |  |  |
| --- | --- | --- |
| Signature of applicant:  |  | Date: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part II – To be completed by the Recommender**

The above student is applying for admission to the Osijek Doctoral Colloquium. To promote and maintain the principles of this program, special care is exercised in the admission of students. The applicant is expected to support the standards and the spirit of ODC 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?
 |  |
| 1. How well did you know the applicant?

(check on scale) | Casually | Well | Very well |
| 1. 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 |
| 1. In your opinion, does this applicant possess any outstanding abilities or talents? Please describe
 |  |
| 1. Does the applicant have any attitudes or habits which are not consistent with Biblical principles?
 |  |
| 1. What is the applicant's spiritual influence in your church?

(check on scale) | Negative | Neutral | Positive |
| 1. In social relationships, the applicant is … (check on scale)
 | Tolerated | Well received | Sought for |
| 1. To your knowledge does the applicant smoke, drink, or use habit forming drugs? Please comment.
 |  |
| 1. Please describe home factors which might affect the applicant's success at ODC:
 | 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 % | % | % | % | % |

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**Personal information:**

|  |  |
| --- | --- |
| **Your Name** |  |
| **Position** |  |
| **Church** |  |
| **City** |  | **Zip code:** |
| **State** |  |
| **Signature** |  |
| **Date** |  |