

Pastor's Recommendation Form

INSTRUCTIONS: This reference form should be completed by your pastor and mailed, e-mailed or faxed directly to the Admissions Office of Logos Christian College and Graduate Schools.

Applicant's name: _____ Age _____

Address _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Waiver of right of access to confidential statement: I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.

Applicant's Signature: _____ Date: _____

TO THE PASTOR: The student named above is applying for admission to Logos Christian College and Graduate Schools. Your recommendation should refer to the applicant's Christian commitment through ministries of the local church. Serious consideration will be given to your comments. You must know the applicant for a least one year and must not be related. Statements will be kept confidential and made available only to those officers directly concerned with admission to the College. Thank you for helping us to evaluate the qualifications of this student prospect. Return this form directly to the **Admissions Office, Logos Christian University – 1603 Minerva Ave., Jacksonville, FL 32207. Fax: 904-398-3706 e-mail: universidadlogos@logos.edu**

Your Name _____

Church Name and Denomination _____

Church Address _____

1. How long have you known the applicant? _____ Years _____ Months
2. How well do you know the applicant?
_____ by name/sight _____ casually _____ fairly well _____ very well _____ Extremely well
3. Does the applicant profess to be saved/born again? _____ Yes _____ No _____ I don't know
4. Do you observe evidence to support this profession of faith? _____ Yes _____ No _____ I don't know
5. Is the applicant a member of your church? _____ Yes _____ No _____ I don't know
6. Indicate level of involvement? _____ Very Involved _____ Involved _____ Not involved

7. Please check the terms which best describe the applicants attitude toward the church and its activities: ___ Optimistic ___ Bottom-line organizer ___ Innovative ___ Great Encourager ___ Critical ___ Loyal Team Worker ___ Passive ___ Respectful ___ Not easily discouraged ___ Cooperative ___ Intolerant ___ Friendly ___ Oversteps authority

8. Describe the applicants involvement in the local church:

Comments: _____

9. To your knowledge, does the applicant ___ drink? ___smoke? ___use illegal substances?

Comments: _____

10. To your knowledge, is this person presently responsible for paying his/her bills?
 ___ Yes ___ No ___ I don't know

11. Please rate the applicant in the following areas:

	Below Average	Average	Above Average	Good	Truly Exceptional	Inadequate opportunity to observe
Christian Commitment						
Integrity and Character						
Leadership Potential						
Morality and Ethics						
Speaking Skills						
Honesty						
Dependability & Cooperation						
Personal Appearance						
Confidence						
Family Oriented						
Success in Ministry						
Physical Health						
Steady: Predictable						
Resists Change						
Loyal Team Worker						
Consideration for Others						
Mental Ability						
Persistence						
Emotional Stability						
Initiative						
Problem Solver						
Innovative						
Attempts too much at once						

12. Please tell us any information related to the applicant's spirituality, character, temperament, cooperativeness, honesty and good judgment or physical and mental health that should be considered by the admissions committee?

Comments: _____

13. Would you recommend this person as a candidate for the ministry?

Yes Yes, with reservations No

Comments: _____

14. How would you describe the applicant's attitude toward authority?

Consistent with Biblical Teaching Have not observed Questionable
 Definite Problem

Comments: _____

[need to discuss this recommendation by phone: Please call me: (_____)_____]

THANK YOU FOR COMPLETING THIS EVALUATION. YOUR COMMENTS WILL BE CAREFULLY CONSIDERED.

Pastor Signature: _____ Date: _____

Please print your name: _____

Mail, e-mail or fax this completed form directly to:

LOGOS CHRISTIAN UNIVERSITY
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Jacksonville, FL 32207
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