



WESTERN SEMINARY

PASTORAL RECOMMENDATION FORM

This form is to be filled out by the pastor or an elder at your local church.
It should not be completed by a member of your family.

Applicant Name: _____ Program: _____

Applicant Phone Number: _____ Applicant E-mail: _____

Under the Family Education Right and Privacy Act of 1974 (Buckley Amendment), which gives the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

A. I waive my rights to examine this form.

Applicant's Signature _____

B. I do not waive my rights to examine this form, but authorize the person completing this form to provide a candid evaluation.

Applicant's Signature _____

Western Seminary Portland Campus

ATTN: Enrollment Office
5511 S. E. Hawthorne Blvd.
Portland, OR 97215-3367
503.517.1800 or 877.517.1800
FAX: 503.517.1801

Western Seminary San Jose Campus

ATTN: Enrollment Office
469 El Camino Real, #205
Santa Clara, CA 95050
408.356.6889 or 877.900.6889
FAX: 408.358.2907

Western Seminary Sacramento Campus

ATTN: Enrollment Office
2924 Becerra Way
Sacramento, CA 95821
916.488.3720 or 800.250.7030
FAX: 916.488.3735

Recommender's name (please print) _____ E-mail _____

Address _____ Daytime phone _____

Church/Position _____ Western alumnus? (year) _____

Please comment on each of the following areas:

1. Length and nature of your relationship with the applicant.
2. The applicant's character and demonstrated concern for others.
3. The applicant's emotional stability and social sensitivity.
4. The applicant's relationship and attitudes towards peers, supervisors, and subordinates (same gender and cross-gender).
5. The applicant's ability to set and achieve goals. What do you perceive to be his or her goals?

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6. The applicant's commitment to Christ and the work of the gospel as seen in his/her present involvement.

7. Do you have any reservations about this person's ability to do graduate work at the master's level?

8. Do you think this program will positively or negatively affect the applicant's marriage or family life?

9. Do you know of any occasion where this person has been accused, disciplined, or dismissed for moral/ethical or legal reasons? Please elaborate.

10. How has he/she demonstrated Christian character and ministry potential?

11. What do you feel are his/her spiritual gifts, and how has he/she demonstrated significant ability to relate to people in the exercise of those gifts?

In consideration of the applicant's suitability for seminary study and overall potential for ministry, please check one of the following:

I do not recommend I recommend with reservation I recommend I highly recommend

Signature (required)

Date

Would you like us to call you for a telephone conversation about this applicant? Yes No need

Any other comments?

Please return this form to the appropriate campus.