



PASTORAL REFERENCE FORM

Please return to:
Your Local Study Center
Alliance Theological
Seminary

RECOMMENDATION ON BEHALF OF:

Name of Applicant: _____

Note: Please give this to the pastor or spiritual advisor who knows you best and can best honestly describe your spiritual development. *This is to be filled out by someone who is not a member of your immediate family.*

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. What is your perception of the applicant's commitment to Christ and to Christian living?

4. Does the applicant have a clear sense of direction in pursuit of goals? _____

5. Does the applicant approach problems in a constructive manner? _____

6. Does the applicant accept well-meant criticism and use it constructively? _____

7. Does the applicant show mature responsibility in money matters? _____

8. Does the applicant interact graciously with people of opposing views? _____

9. Does the applicant represent himself or herself honestly? _____

10. What are the applicant's strength and special abilities? _____

11. What is your overall evaluation of the applicant? _____

Your Name: _____ Title: _____

Church or Ministry _____

Address _____

Date _____

Please attach the form with your registration.