

## PASTORAL REFERENCE FORM

Please return to: Your local Study Center-

Name of Applicant:	
	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.
	Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are givin you an opportunity to sign one of the following statements.
1	_ I waive my right to examine this form Applicant's Signature/ Date
	Applicant's Signature/ Date
2	_ I do not waive my right to examine this form Applicant's Signature/ Date
the applic	ant has given your name as a reference. Please give us your appraisal. Use the back if more room i
1. Ho	w long have you known the applicant?
2. In v	what capacity have you known the applicant?
3. Wh	at is your perception of the applicant's commitment to Christ and to Christian
living	?
4. Do	es the applicant have a clear sense of direction in pursuit of goals?
5. Do	es the applicant approach problems in a constructive manner?
6. Do	es the applicant accept well-meant criticism and use it constructively?
7. Do	es the applicant show mature responsibility in money matters?
8. Do	es the applicant interact graciously with people of opposing views?
	es the applicant represent himself or herself honestly?
	hat are the applicant's strength and special abilities?
	hat is your overall evaluation of the applicant?
Your Nam	e:Title
Church or	Ministry
Adress	

Please attach the form with your registration.