

# {pastoral reference evaluation}

# **INSTRUCTIONS TO THE APPLICANT**

Please complete the following before distributing the form.

NAME OF APPLICANT							
Surname (family name)	First	Middle					
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (U.S.	S. only) BIRTHDATH	E Month/Day/Year					
APPLICATION FOR QUARTER	CATION FOR QUARTER PROGRAM/CONCENTRATION						
NOTE: The following references are NOT acceptable:							
<ul> <li>References from neighbors, friends, relatives, personal</li> <li>References from those who have known the applicant let</li> </ul>		tly to the applicant					
<b>TO THE APPLICANT:</b> I understand this evaluation is to be red admission and consideration for graduate status. I hereby express Education Rights and Privacy Act of 1974, the California Inform understand that the rights I am waiving include, but are not limited form made for my use; the right to request an amendment of this	sly waive any and all rights I have of acce hation Practices Act of 1977, and any or al ed to, the right to inspect and review this f	ss to this evaluation under the Family l other laws, regulations, or policies. I					
$\Box$ I agree to waive access to this reference evaluation.	$\Box$ I do not agree to waive access to the	is reference evaluation.					
Signature of applicant	Date						
INSTRUCTIONS TO THE RECOMMENDER							

The applicant named above has applied for admission to Fuller Theological Seminary and has requested that you provide a reference. We would be grateful if you would give your frank evaluation of the applicant by responding to the following questions.

Fuller Theological Seminary is a professional graduate school which strives to prepare men and women for various forms of Christian ministry. Each applicant is evaluated using several criteria, including Christian experience, personal character, academic record and potential, ministerial promise, and references.

#### Please note above whether the applicant has agreed, or has not agreed, to waive access to your reference evaluation.

To avoid delays in processing the application, please promptly mail, e-mail (as a scanned attachment), or fax this completed form to:

Office of Admissions, Fuller Theological Seminary, 135 N. Oakland Ave., Pasadena, CA 91182 USA E-mail: admissions@fuller.edu Fax: (626) 584-5449

If mailing this form, please be sure to sign and seal the flap of the envelope.

#### TO BE COMPLETED BY THE RECOMMENDER

#### **1. RELATIONSHIP TO THE APPLICANT**

a. How long have you known the applicant? \_\_\_\_\_Years \_\_\_\_\_Months

b. How well do you know the applicant?  $\Box$  Casually  $\Box$  Well  $\Box$  Very Well

c. Check the context(s) in which you know the applicant:

- □ As a member/attender of my church where I am in leadership
- □ As a colleague in ministry leadership
- $\Box$  As an employee under my supervision
- $\Box$  As a student in  $\Box$  one or  $\Box$  more than one college or graduate school course
- $\hfill\square$  As a student engaged in research or independent study under my direction
- □ Other (please specify)

**Top 10%** 

#### 2. ASSESSMENT OF APPLICANT'S ABILITIES

□ Top 20%

a. How would you rate this individual compared to others who have applied to graduate school?

□ Top 30% □ Top 40%

40% **D** Top 50%

Can't assess

Below 50%

b. Is the applicant's scholastic record, as you know it, an accurate reflection of the quality and range of his/her skills and competencies?

 $\Box$  Yes  $\Box$  No If you choose "No," please attach an explanatory statement.

### 3. PLEASE CHECK THE FOLLOWING DESCRIPTIONS THAT APPLY TO THE CANDIDATE.

S. TELEASE CHIEF OF DEDOWING A strategy and a strategy								
	Below Average		Average	Above Average		Unknown		
Social Appropriateness				L L				
Emotional Stability								
Personal Maturity								
Composure								
Cooperation								
Teamwork								
Responsibility								
Initiative								
Communication								
Articulateness								
Creative Instinct								
Academic Potential								
Critical Thinking Skills								
Leadership Qualities								
Professional Ability								
Spiritual Maturity								
Church Involvement								
Parachurch Involvement ( <i>if applicable</i> )								

## 4. PERSONAL EVALUATION OF THE APPLICANT (Attach additional pages if necessary.)

a. The special assets this applicant has for graduate study and the ministry are:

b. If this candidate is admitted to Fuller, his/her chief need for personal development or improvement will be:

c. Additional comments (optional):

# **RECOMMENDATION** (Must be completed by the recommender)

Please check one of the following:

□ Recommend with enthusiasm for admission □ Recommend for admission □ Recommend, but with reservation □ Do not recommend for admission

Name of recommender (please print or type)					
Position or job title					
Name of church, organization, business, or institution					
Address	City	State	Zip	Country	
Phone: Office ( ) Home/Mobi	le ( )	E-mail			
Signature	Date				
Please check if you are a D Fuller faculty member D Ful	ller alum (Degree and	year of graduation:			)

Thank you again for your contribution. Please see previous page for submission instructions.