



# PASTOR'S REFERRAL

This section to be filled in by Applicant

\_\_\_\_\_  
(First name) (Middle name) (Last name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature of Applicant Date

The person named above is applying to study at Alt.Sem. Every person who applies must submit a recommendation from his or her pastor. We give great consideration to this recommendation; therefore, we request that you complete this form and return it directly to the Registrar, Kay Thompson, P. O. Box 5242, Chattanooga, TN 37406

**WE CANNOT PROCESS THIS APPLICANT'S APPLICATION UNTIL WE HAVE RECEIVED THIS FORM**

**This section must be filled out by the applicant's Pastor**

## CONFIDENTIAL

How long have you known the applicant and to what extent?

very well     quite well     not much     little

Is he/she an active member/minister of your church?  Yes  No

In what capacities? \_\_\_\_\_

Please rate the following on a 10 point scale. 10 Excellent .....1 Very poor

Home Life: \_\_\_\_\_

Relationships: \_\_\_\_\_

Commitment \_\_\_\_\_

Faithfulness \_\_\_\_\_

Business and work ethics: \_\_\_\_\_

Please comment on the following

Areas of strength:

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General attitude:

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Self image:

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Teachability:

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Areas in which applicant needs change or growth:

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Please check the appropriate answers and comment if required.

Do you consider the applicant to be a committed Christian?  Yes  No

If No, explain:

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Is applicant free of any physical weakness or emotional problems that would hinder him/her in an intensive academic environment?  Yes  No If Yes, explain:

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Is the applicant walking in a ministerial calling?  Yes  No

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If the applicant is married, briefly describe the marriage relationship:

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Please add anything else that you feel will help us to assess the applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RECOMMENDATION

Would you recommend that we accept this application?

Definitely  Unsure  Not at this time.

What is your recommendation based on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print /Type Pastor's Name \_\_\_\_\_ Name of Church \_\_\_\_\_

Pastor's Position \_\_\_\_\_ Mailing Address \_\_\_\_\_

( ) \_\_\_\_\_  
Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here if you would like to talk to us personally about this applicant.

Please return this form in the enclosed envelope marked "CONFIDENTIAL" to:  
Dr. Rozario Slack  
P. O. Box 5242  
Chattanooga, TN 37406