



CHURCH ENDORSEMENT

Please complete every section in its entirety.

To Be Filled Out by the Applicant

Name: *Last* _____ *First* _____ *Middle* _____ *Preferred Name* _____

Address: *Street or P.O. Box* _____ *Apt. #* _____

City _____ *State* _____ *Zip Code* _____ *Phone: Cell* _____ *Home* _____

Email: _____

To Be Filled Out by Church Providing Endorsement

The person named above has applied for admission to Criswell College. We value our students' church involvement as a factor of both admissibility and ongoing enrollment. Therefore, we ask that you help us by completing and returning this form to the Office of Enrollment Services. Thank you for your assistance.

“We affirm that the applicant is a member of this church, in good standing, and demonstrates the appropriate character, ability, and knowledge as necessary for admission to Criswell College.”

Name of Church: _____

Address: _____
Street Name and Number

_____ *City* _____ *State* _____ *Zip Code*

Denominational Affiliation: _____

Pastor's Signature: _____

Printed Name: _____ Date: _____