



RECOMMENDATION

Please complete every section of the recommendation 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:

I willingly waive my right of access to see this recommendation. I expect that the observations made shall remain confidential between Criswell College and the person making the recommendation.

Signed Name: Date:

To Be Filled Out by the Person Making the Recommendation

The person named above has applied for admission to Criswell College. We highly value your comments and ask that you give a full and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return to the Office of Enrollment Services. Thank you for your assistance.

Your Name: Phone:

Position/Organization: Email:

Address: Street Name and Number

City State Zip Code

How long have you known the applicant?

Please describe your relationship to the applicant: Minister Supervisor Mentor Other

Please assess your perception of the applicant's potential for academic success.

Please describe the spiritual maturity and Christian character of the applicant.

How do you perceive the attitude of the applicant's spouse/fiancée toward a Christian college education and vocational ministry?

- Very positive
- Positive, with reservations
- Neutral or indifferent
- Negative
- Not applicable

Explain: _____

What are the greatest strengths of the applicant? _____

What are the greatest weaknesses of the applicant? _____

Would you recommend this applicant for admission to Criswell College?

- With confidence
- Yes, but with reservations
- Not at this time

If you would like, you may attach another sheet of paper (typed and double-spaced) commenting with any insights or concerns regarding the sections above.

Signature: _____

Date: _____