



421 North 7th Street, Suite 700, Philadelphia, PA 19123

ECCLESIASTICAL RECOMMENDATION FORM for PULPIT

TO THE APPLICANT

Please give this form to a pastor, elder, or deacon at your church who will provide an objective assessment of your character and abilities. First, enter your full name below and indicate the year and program for which you are applying.

Name (Last, First, Middle): _____ Sex: Male Female

Intended start term: Fall 20____ Spring 20_____

Academic program for which you are applying:

Certificate: PULPIT Program

TO THE RECOMMENDER

The above named person is applying to Missio Seminary and has requested that your recommendation be included as part of the information. Please provide your assistance by answering the questions below. When completed, please email this form directly to Dr. Darshi Mody at dmody@missio.edu.

1. How long have you known the applicant and in what capacity?
2. What characteristics do you consider to be the strengths of the applicant?
3. Please describe the area(s) that you feel the applicant has room for growth?
4. Missio Seminary seeks applicants who demonstrate potential for Christian ministry and related professions. Please comment on the applicant's potential and commitment for a religious vocation.
5. What would you say are the applicant's gifts?

Please give us your appraisal of the applicant in terms of the qualities listed below:

ABILITIES AND TRAITS	Superior	Good	Average	Poor	Not Observed
				<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental and emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for Missio Seminary?

- Highly recommend
 Recommend
 Recommend with reservation
 Do not recommend

Name of Recommender _____

Position or Title _____

School, Church, or Company _____

Address _____

City/State/Zip _____ Phone _____

Signature of Recommender _____ Date _____