



COLLEGE OF  
CHRISTIAN STUDIES  
**ANDERSON**  
UNIVERSITY

**CONFIDENTIAL RECOMMENDATION FOR M.DIV. ADMISSION**  
*(Must be filled out entirely to be considered complete)*

Please provide a confidential recommendation on the student named below and base your evaluation of the student in terms of the expectations of such a program. Please return this form (and any attached sheets as desired) by mail to the College of Christian Studies office. Thank you for your spiritual sensitivity to our need for an honest evaluation of the applicant.

Applicant's Name: \_\_\_\_\_

Name of Person providing the Recommendation: \_\_\_\_\_

Title or Identification of Person providing Recommendation: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Approximate dates of close association: \_\_\_\_\_ to \_\_\_\_\_

Recommendation Type:    Academic (former professor)        Pastor                       Other

**If there is any matter that you think would hinder the applicant's ability to succeed in the M.Div. program of which the committee should be aware, please do not hesitate to note this confidentially on the reverse side of this form.** Do NOT return this form to the student. Return directly to address provided. Thank you for your assistance.

	<b>Excellent</b>	<b>Above Avg</b>	<b>Avg</b>	<b>Below Avg</b>	<b>Poor</b>	<b>No Info</b>
Christian Character	_____	_____	_____	_____	_____	_____
Christian Commitment	_____	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____	_____
Moral Judgment	_____	_____	_____	_____	_____	_____
Academic Ability	_____	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____	_____	_____
Self Confidence	_____	_____	_____	_____	_____	_____
Common Sense	_____	_____	_____	_____	_____	_____
Financial Responsibility	_____	_____	_____	_____	_____	_____
Sensitivity to Others	_____	_____	_____	_____	_____	_____
Ability to Relate to Others	_____	_____	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____	_____	_____
Sense of Maturity	_____	_____	_____	_____	_____	_____

**My overall evaluation of this candidate:**                      (poor) **1**       **2**       **3**       **4**       **5** (best)

**Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?** \_\_\_\_ No \_\_\_\_ Yes

If your answer is yes, please explain:

**Do you have any reservations about recommending this person for admission?** \_\_\_\_ No \_\_\_\_ Yes

If your answer is yes, please explain:

**If you were able to do so, would you employ this applicant in a ministry position?** \_\_\_\_ No \_\_\_\_ Yes

If your answer is yes, please explain:

**Any additional comments:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail directly to:** Anderson University  
College of Christian Studies  
316 Boulevard  
Anderson, SC 29621

If necessary, list other persons that you believe we should contact before giving approval to this applicant.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

**NOTE: This form is confidential. It will not be released to anyone other than those directly involved with the admissions process. Please add in the space below any further comments that you want us to consider in the admission process for this candidate. The College of Christian Studies office may be reached by phone at (864) 328-1809 or by email at [ministry@andersonuniversity.edu](mailto:ministry@andersonuniversity.edu).**