



Ministry Reference Form

Pastor Friend Instructor/Employer

Student Information *(To be completed by applicant)*

Print **your name and address** in the space below and give this form to the person providing a reference. This should be an individual who is familiar with your character, professional conduct and potential readiness for Corban University School of Ministry. This should be someone who has known you for at least **one year** and **is not a relative**.

Last	First	Middle
Address		
City		State
Zip		

I waive my right to review this form once submitted to Corban University.

Program I am apply for: Certificate of Biblical Leadership Master's in Christian Leadership
 Master of Divinity Doctor of Ministry

Recommendation *(To be completed by reference)*

The individual whose name appears above is required to provide a reference prior to being admitted to Corban University School of Ministry. Applicants are admitted on the basis of academic, professional and personal qualities; therefore, your evaluation is appreciated.

If you need additional space for any of the questions below, please use a separate piece of paper and attach it to this form.

1. How long have you known the applicant and in what capacity? *(Be specific)* _____

2. Please evaluate the applicant's qualifications by checking the appropriate box.

	Superior	Above Average	Average	Below Average	Not Observed
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Oral and Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Consider New Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability and Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make Good Judgments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Receive Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integration of Spiritual Values & Life Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How do you perceive the applicant's potential for effectiveness in ministry? Or, if the applicant is already serving in vocational ministry how do you rate their current effectiveness? _____

4. How do you perceive the applicant's potential for success in seminary?

5. Is the applicant married? Yes No If yes, how would you evaluate his/her marriage relationship?

6. Does the applicant demonstrate ethical standards and moral conduct, including conduct with the opposite sex, which would be expected of a leader in vocational Christian ministry? Yes No If no, please explain.

7. What are the strengths and weaknesses of the applicant? Include any information which would be helpful in our evaluation. Your comments could include recent experiences or incidents in the applicant's life, or even a general personality appraisal.

8. Do you recommend this applicant for admission to Corban University School of Ministry?

Highly Recommend Recommend Recommend with Reservations Do Not Recommend

Evaluator's Name _____ Phone (_____) _____

Address _____ Email _____

City _____ State _____ Zip _____

Position or Occupation _____ Employer or Organization _____

Church _____ Leadership Position _____

May we contact you if we need clarification concerning this form? Yes No

I am a graduate of Corban University Other _____

Signature _____ Date _____

Please Return to:
CORBAN UNIVERSITY
OFFICE OF GRADUATE & ADULT DEGREE ADMISSIONS
5000 Deer Park Drive SE | Salem, OR 97317-9392
800-764-1383 | 503-589-8195 | Fax 503-585-4316