



Pan-Africa Theological Seminary Personal Reference Form

OFFICE USE ONLY

Date received: _____

By: _____

INSTRUCTIONS:

1. To the applicant: This form is to be completed by an individual who has known you at least three years (friend, employer, professor, etc. someone who is not a member of your family). Complete the section labeled "Applicant's Information" then give to your recommender.
2. To the recommender: The person named above is applying for admission to the Pan-Africa Theological Seminary and has requested a recommendation from you. Action cannot be taken on this student's application until this completed form has been received by PThS. Thank you for your thoughtful and candid responses. Please complete this form and mail it promptly to:

Admissions Office
Pan-Africa Theological Seminary
PO Box 6200
Springfield, MO 65801, USA.

Courier address:
580 W. Central Street
Springfield, MO 65802, USA
Phone: (417) 862-7725. Fax: (417) 862-1867
Email: seminary@africashope.org

Applicant's Information:

1. Name: _____

First
Middle
Last
2. Mailing address: _____

PO Box or Street Address
City
Country
Code
3. Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY THE RECOMMENDER

1. Evaluate the applicant's abilities/qualifications by placing a check mark in the appropriate box.

	Superior	Above Average	Average	Below Average	Poor	No Knowledge
Spiritual Maturity						
Leadership Potential						
Fulfills Responsibilities						
Interpersonal Relationships						
Communication						
Personal Appearance						
Integrity						
Reaction to Counsel						
Church Involvement						
Emotional Stability						

2. If the applicant is admitted to PAtHs, what do you feel would be his/her greatest need in the area of personal development? _____

3. What do you feel are the applicant's special abilities and talents that will enhance study at PAtHs? _____

4. Does the applicant demonstrate clear-cut and worthy goals? Yes No

5. Does the applicant have a clear sense of direction? Yes No

6. If married, does the applicant have the support of his/her spouse? Yes No

7. How long have you known the applicant? _____ In what relationship? _____

8. Please share any additional comments about this applicant you feel are pertinent to his/her admission to PAtHs. _____

9. How do you recommend this applicant for admission to PAtHs? Please check only one.

With enthusiasm With some confidence With reservation Do not recommend

Comments: _____

Recommender's Information

1. Name: _____
First Middle Last

2. Mailing address: _____
PO Box or Street Address City Country Code

3. Home Telephone: _____ Work Telephone: _____

4. Position or title: _____ Employer: _____

5. Signature: _____ Date: _____