



## 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: [info@pathseminary.org](mailto:info@pathseminary.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.

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

