

Church/Pastoral Recommendation

To be completed by the applicant (only the grey area)

Date of application: *Month / Day / Year*

Name of applicant (English)		(Chinese)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number	Applicant's CES admissions account number
Program applied for	<input type="checkbox"/> Master of Divinity /Theology Track 【Full time】 <input type="checkbox"/> Master of Divinity/Pastoral Ministry Track 【Full time】 <input type="checkbox"/> Master of Divinity /Pastoral Counseling Track 【<input type="checkbox"/> Full time <input type="checkbox"/> Part time】 <input type="checkbox"/> Master of Arts in intercultural Studies 【<input type="checkbox"/> Full time <input type="checkbox"/> Part time】 <input type="checkbox"/> Master of Arts in Religion 【<input type="checkbox"/> Full time <input type="checkbox"/> Part time】 <input type="checkbox"/> Master of Ministry in Lutheran Theology & Church Planting 【<input type="checkbox"/> Full time <input type="checkbox"/> Part time】 <input type="checkbox"/> Master of Christian Studies 【Part time】 <input type="checkbox"/> Master of Christian Studies 【Part time Online】 <input type="checkbox"/> Certificate in Christian Studies 【<input type="checkbox"/> Full time <input type="checkbox"/> Part time】	

To be completed by the referee

Referee's Name		Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to applicant		How long have you known the applicant	
Phone Number				Email		
Name of church or organization					Title	
How well you know the applicant	<input type="checkbox"/> Very well <input type="checkbox"/> Rather well <input type="checkbox"/> Casually <input type="checkbox"/> Not well					

The Admissions Committee would appreciate an evaluation from you concerning the person named above. Your honesty will help us in doing a careful evaluation. Please complete front and back of form.

This form is confidential. Do not give it back to the applicant.

This form is a vital part of the applicant’s application, so we earnestly suggest that after completing the form, you can

- (1) Email to admissions@ces.org.tw no later than March 1th or**
(2) Seal in an envelope then mail to: China Evangelical Seminary Admissions Committee,
No.53, Chang'an St., Bade Dist., Taoyuan City 33465, Taiwan, R.O.C. before March.1th .

According to your viewpoint, has this applicant fully understood his or her calling on full-time ministry?

Please specify:

Please indicate your understanding of the applicant's vocation/educational goals.

Please evaluate the applicant in the following areas. Make comments on the back of next sheet for any Below Average or Poor responses. Feel free to use that space for any other comments as well.

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character						
Judgment						
Maturity						
Emotional stability						
Core beliefs						
Prayer/spiritual life						
Health						
Commitment						
Academic abilities						
Learning attitude						
Attitude towards service						
Potential for effective ministry						
Spouse relations						
Family relations						
Fellowship life						
Relationships w/ the opposite sex						
Relationships w/ coworkers						
Relationships w/ others						
Financial responsibility						

What do you consider to be his/her strengths of personality and talents?

What do you consider to be his/her areas where personality development is needed?

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?

☐yes ☐no If yes, please elaborate.

Do you know of any physical, mental or emotional problems which might hinder the applicant's academic progress?

☐yes ☐no If yes, please elaborate.

Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?

☐yes ☐no If yes, please elaborate.

Overall evaluation and recommendation: :

In considering the applicant's overall ability for seminary study and for ministry, please check one of the following

☐Highly recommend ☐Recommend ☐Recommend with reservations ☐Do not recommend

If the applicant is accepted, what areas of training do you particularly recommend for him/her?

Additional Comments : Feel free to call if you have any questions or Feel free to call for more information Tel :03-2737477 ext 1372

Signature of Referee
