



# CALIFORNIA GRADUATE SCHOOL OF THEOLOGY

11277 Garden Grove Blvd., 2nd Fl., Garden Grove, CA 92683

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## RECOMMENDATION FORM

LAST NAME OF APPLICANT \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

**This part to be completed by the Recommender:**

THE ABOVE NAMED STUDENT has applied for admission to California Graduate School of Theology and has requested that you give an evaluation. We would be grateful if you would give your frank evaluation of the applicant by responding to the questions listed below. Please mail completed form to the above address.

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

How well have you known the applicant in this period? Very Well \_\_\_\_\_ Well \_\_\_\_\_ Casually \_\_\_\_\_

Are you related to the applicant? \_\_\_\_\_ If so, what relation? \_\_\_\_\_

In your judgment, what is the applicant's Christian character? Outstanding \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Please check the following descriptions that apply to the candidate. Leave blank, if you are unable to judge.

	Outstanding	Strong	Adequate	Inadequate
Emotional Stability				
Moral Integrity				
Leadership Qualities				
Responsibility				
Commitment to Christ				
Cooperation				
Communication				
Academic Ranking				
Spiritual Maturity				
Marital Relationship				
Physical Health				
Church Involvement				

(06/03)

Check if Alum.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_