

WEST AFRICA THEOLOGICAL SEMINARY
35/37 INTERNATIONAL AIRPORT RD.
P.M.B. 003, MM INT'L AIRPORT
LAGOS, NIGERIA

REFERENCE FORM

PASTORAL RECOMMENDATION

Part 1- To be complete by the Applicant.

1. Name of Applicant: _____
2. Applicant's address: _____

3. Programme of Study: _____

Print your name and address on the lines above. Send to the referee with a stamped envelope. The form should be returned to the Registrar sealed and enclosed with the Application form.

I willingly waive my right of access to see this recommendation knowing that this waiver is not required as a condition for admission.

Signature

Part II-To be completed by your church leader.

1. Name of person giving reference: _____

The applicant has given your name as a reference. The admission committee needs to gather as much information as possible in order to determine this student's fitness for pursuing graduate study at the Master's level. Please provide as honest and candid answers as possible.

1. How long have you known the applicant and in what capacity? _____

2. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ? _____
3. To what extent is the applicant engaged in the activities of his church? _____

4. In your opinion, does this applicant possess any outstanding abilities or talents?
_____ Yes _____ No Please describe: _____
5. Does the applicant have any attitude or habits which are consistent with biblical principles? _____

6. How will graduate studies in the proposed area of study help the applicant's future Ministry? _____

 7. Does your organization or denomination officially recommend this student for the Proposed graduate studies? _____

 8. Please describe the specific ministries your organization or denomination plans for the Applicant upon completion of graduate studies: _____

 9. How do the applicant's educational objectives coincide with those ministry responsibilities? _____

 10. Additional Comments: _____

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PLEASE PRINT

NAME _____

TITLE/RESPONSIBILITY _____

ORGANIZATION _____

ADDRESS _____

SIGNATURE: _____

DATE: _____