

MINISTER'S RECOMMENDATION

(May not be completed by a relative)

Name of Applicant: _____
Last/Family First/Given Name Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone: () _____ Email Address: _____

I plan to start ORU in: ☐ Fall (*August*) ☐ Spring (*January*) ☐ Summer Year _____

Area of Study

☐ Master of Business Administration

Concentration Options:

- ☐ Accounting
- ☐ Entrepreneurship
- ☐ Finance
- ☐ International Business
- ☐ Management
- ☐ Marketing
- ☐ Non-Profit Management
- ☐ None

☐ Online Leadership Master of Business Administration

☐ Online Master of Management

Concentration option:

☐ Not for Profit Management

To the Applicant: This form should be completed by your Minister and returned by him/her to the ORU Office of Graduate Admissions. You may want to provide your recommender with an addressed and stamped envelope for their convenience.

I authorize the minister identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the minister and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

To the Minister: Each applicant for admission to ORU must submit a recommendation from his/her minister. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since a candid evaluation is requested, your comments will be held in the strictest of confidence. Please complete and return this form directly to: *ORU Graduate School Admissions, 7777 South Lewis Avenue, Tulsa, Oklahoma 74171-0001* or ***gradbusiness@oru.edu***.

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

2. How well do you know him/her?

- ☐ By name/sight ☐ Fairly well/numerous personal contacts
- ☐ Casually/few personal contacts ☐ Very close/personal relationship

3. To your knowledge, has the applicant made a meaningful personal commitment to Jesus Christ?

- ☐ Yes ☐ No ☐ I do not know

Comments: _____

4. Please indicate applicant's level of involvement in church activities.

- ☐ Attends irregularly; shows little interest ☐ Cooperative; usually willing to help
- ☐ Seldom participates; attends regularly ☐ Enthusiastic; deeply involved



5. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.

		Excellent	Above Average	Average	Below Average	Not Observed
Academic Ranking	exceeds the standard, strives for higher goals					
Maturity	personal development, ability to cope w/ life situations					
Written Communication	clarity, coherence					
Emotional stability	poise, mood stability					
Initiative	ability to analyze a problem, takes on the challenge					
Cooperativeness	sensitivity to the needs of others					
Creativity	ability to think outside the box, inspires others					
Social Adaptability	interacts well with others, is respectful					
Integrity/Honesty	rapport, reaction to stress, honest, moral character					
Personal Appearance	cleanliness, grooming					

6. What positive traits or characteristics distinguish the applicant from his or her peers?

7. What personal attributes need further development?

8. What is your opinion of the candidate's ability and qualification to pursue graduate/professional study? Please comment on overall maturity and emotional/psychological stability.

9. Is there additional information about the candidate that you feel the Admissions Committee should know? Please comment on honesty, integrity, concern for people and general moral character.

On the basis of the above information, the applicant is:

☐ Strongly recommended ☐ Recommended ☐ Recommended with some reservation ☐ Not recommended

Reference's Name: _____ Organization: _____

Position/Title: _____

Address: _____

Street and Number

City

State

Zip

Country

Phone: () _____ Business Phone: () _____ Fax: () _____

Email Address: _____ Reference's signature: _____

