

MINISTER'S RECOMMENDATION 06

ORU SCHOOL OF THEOLOGY & MISSIONS

(References may not be related to applicant.)

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 Arts

- | | |
|--|---|
| <input type="checkbox"/> Biblical Literature | <input type="checkbox"/> Christian Education |
| <input type="checkbox"/> Biblical Literature with Advanced Languages Concentration | <input type="checkbox"/> Missions |
| <input type="checkbox"/> Biblical Literature with Judiac-Christian Studies Concentration | <input type="checkbox"/> Practical Theology |
| <input type="checkbox"/> Christian Counseling | <input type="checkbox"/> Practical Theology (Modular) |
| <input type="checkbox"/> Christian Counseling with Marital & Family Concentration | <input type="checkbox"/> Theological/Historical Studies |

Master of Divinity

- ☐ Master of Divinity ☐ Master of Divinity (Modular)

To the Applicant: 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; 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

Please print or type and return this form directly to ORU Graduate School Admissions, 7777 South Lewis Avenue Tulsa, OK 74171-0001.

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.

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

2. How well do you know him/her?

- | | |
|---|---|
| <input type="checkbox"/> By name/sight | <input type="checkbox"/> Fairly well/numerous personal contacts |
| <input type="checkbox"/> Casually/few personal contacts | <input type="checkbox"/> Very close pastoral 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.

- | | |
|--|---|
| <input type="checkbox"/> Attends irregularly; shows little interest | <input type="checkbox"/> Cooperative; usually willing to help |
| <input type="checkbox"/> Seldom participates, although attends regularly | <input type="checkbox"/> 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
Reliability	dependability, responsibility					
Maturity	personal development, ability to cope with life situations					
Christian commitment	genuineness and depth of commitment					
Emotional stability	poise, mood stability					
Judgment	ability to analyze a problem, wisdom					
Empathy	sensitivity to the needs of others					
Social Adaptability	interacts well with others, is respectful					
Integrity/Honesty	rapport, reaction to stress, honest, moral character					
Personal appearance	cleanliness, grooming, appropriate dress					

6. Please share what you consider the applicants strong and weak points, as well as any other information you may have about the applicant that will help in our evaluation. This information could cover recent experiences or incidents in the applicant's life or even a general personality appraisal.

7. To your knowledge, does the applicant smoke, drink, or use illegal drugs? Has the applicant had emotional problems?

8. Is there additional information about the candidate 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
☐ Please contact me for further information that I choose not to put in writing.

Minister's Name: _____ Name of Church & Denomination _____

Address: _____

Street and Number City State Zip Country

Phone: () _____ Church Phone: () _____ Fax: () _____

Email Address: _____ Minister's signature _____