



Make no little plans here.

MINISTER'S RECOMMENDATION

ORU SCHOOL OF THEOLOGY & MINISTRY

(References may not be related to applicant.)

To the Applicant: Please fill out the top portion of this form up until the first signature line. Your reference will complete the remaining portions of the form.

Name

Last/Family Name, First/Given Name, Middle Name, (Maiden/Other name)

Address

Street and Number, City, State, Zip, Country

Phone

Email Address

I plan to start ORU in: ☐ Fall (August) ☐ Spring (January) ☐ Summer (Year) ☐ Full-time ☐ Modular ☐ Part-time

Area of Study: Applications are considered for admission into only one graduate school and degree program

Master of Arts:

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

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. 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 Fill out the remainder of the form

E-mail by clicking the "Submit by Email" button at the bottom of the form

You may also print and mail the form to:

ORU Graduate Theology Admissions

7777 South Lewis Avenue Tulsa, OK 74171

Completed forms may be faxed to 918.495.6725

Each applicant for admission to ORU must submit a recommendation from his/her minister. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence.

1. How long have you known the applicant?

2. In what capacity?

3. How well do you know him/her?

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

- | | |
|---|--|
| <input type="radio"/> Attends irregularly; shows little interest | <input type="radio"/> Cooperative; usually willing to help |
| <input type="radio"/> Seldom participates, although attends regularly | <input type="radio"/> Enthusiastic; deeply involved |

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

Please mark the appropriate box		Excellent	Above average	Average	Below average	Not observed
Reliability	dependability, responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	personal development, ability to cope with life situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment	genuineness and depth of commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	poise, mood stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	ability to analyze a problem, wisdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy	sensitivity to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	interacts well with others, is respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity/honesty	rapport, reaction to stress, honest, moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	cleanliness, grooming, appropriate dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please share what you consider the applicant's 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 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
- ☐ Please contact me for further information that I choose not to put into writing

Reference's Name: Position/Title:

Address:

Street and Number, City, State, Zip, Country

Phone: E-mail Address:

Signature