

## Cross-cultural Ministry Center (Pastoral Certification)

PROFESSIONAL, ACADEMIC, AND SPIRITUAL REFERENCE

Please send all forms and requested items to:

gradadmissions@cui.edu

## Applicant:

Please enter your name and the date on the line below and provide this form to three people (not related to you, and not currently applying for the same program) who can attest to your spiritual, professional and academic aptitude in the last 5 years. One of these forms must come from your pastor. Request that, upon completion, the form be printed, signed, and then scanned and sent to the address above.

Note: This is not a confidential document.							
Applicant's Name						Date	
Fam	ily Name (Sur Name)			Given Name			
Intended Program	Entry Term and year						
To be completed by evalu	ator:						
Printed name of person completing thi	Signature of person completing this form						
What is your relationship to	the candidate: _						
How long have you known	the candidate:						
Contact address:							
Contact phone:	Email:						
Employer:	Your Title:						
Rate the candidate in each	of the following s	ix areas by ch	eck marking the	e best adjective:			
1. Adaptability	☐ excellent	☐ strong	☐ average	☐ marginal	☐ weak	☐ not observed	
2. Communication Skills	☐ excellent	☐ strong	☐ average	☐ marginal	☐ weak	☐ not observed	
3. Writing Skills	☐ excellent	☐ strong	☐ average	☐ marginal	☐ weak	☐ not observed	
4. Dependability	☐ excellent	☐ strong	☐ average	☐ marginal	☐ weak	☐ not observed	
5. Initiative	☐ excellent	☐ strong	☐ average	☐ marginal	☐ weak	☐ not observed	
6. Creativity	□ excellent	☐ strong	□ average	☐ marginal	■ weak	☐ not observed	



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In the space below or on a separate sheet of pa	per:
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Please provide a narrative appraisal of the candidate's ability to complete a master's level program.

Please provide a narrative appraisal of the candidate's ability to carry out the ministry of a missionary pastor (i.e., a pastor who initiates and develops a new culture-crossing ministry).

