

BETHEL CHRISTIAN UNIVERSITY

5010 SW 20TH TERRACE, TOPEKA KS. 66604.

E-mail: info@bcuks.org

PASTOR'S CONFIDENTIAL RECOMMENDATION FORM

TO THE APPLICANT

Please complete the following before forwarding to your PASTOR:

Name of Applicant: _____

Address: _____

Date: _____ Signature: _____

Telephone: _____ E-mail: _____

This section is to be completed by your PASTOR ONLY.

TO THE PASTOR.

Your comments will be given serious attention and will be regarded as CONFIDENTIAL.

NB: Please mail this form directly to the Office of Admissions, Bethel Christian University, 5010 SW 20th Terrace Topeka KS. 66604. **Or send it as an email attachment to: info@bcuks.org**

1. How well do you know the applicant? _____
How long do you know him? _____
2. After a personal interview, have you determined that the applicant has received Jesus Christ as his/her personal Savior? Please explain: _____

3. What is the applicant's involvement in your Church? _____

4. In your estimation does the applicant exert a good influence among those of his own age?
Yes No if Yes, how? Please explain if No: _____

5. Are you aware of any personality traits which hinder the applicant in relations with others?
Yes No if Yes, please explain: _____

6. Comment on any special circumstance home conditions, health, etc. Which might prove helpful in considering this applicant's admission to the School.

7. To your knowledge does the applicant use tobacco, alcohol or drugs?
Yes No if Yes, please explain: _____
8. What are the significant strengths and special abilities of the applicant: _____
9. Please tick your choice of recommendation of admission to Bethel Christian University.
 Highly Recommended Recommended with Reservations
 Recommended Not Recommended

* Please indicate the reason(s) for this recommendation: _____

Pastor's Name: _____ Position: _____

Name of Church or Ministry: _____

Address: _____

Date: _____ Signature: _____

Telephone: _____ E-mail: _____