



BAPTIST COLLEGE OF THEOLOGY
OBINZE, OWERRI
PERSONAL RECOMMENDATION FORM

NAME OF APPLICANT: _____

Dear Friend,

The above named person has applied to be trained in our school for the work of the gospel ministry. We would appreciate your honest and candid evaluation of the applicant. The applicant will not see this form forever. If the space provided is insufficient for your answers, please answer on the back of the forms.

1. How long have you known the applicant? _____
2. What relationship have you had with the applicant (where you his/her teacher, pastor, employer, etc)? _____
3. Have you had opportunities to observe the applicant's way of life, particularly his/her moral and spiritual qualities? _____

4. Have you had opportunities to observe the applicant teaching in Sunday School, preaching, or any other form of Christian ministry? _____. If "yes" please indicate the type(s) of ministry you observed. _____

5. Do you think the applicant has been called by God to the Christian ministry? _____

6. Do you see evidence of the necessary spiritual gifts for the applicant to serve as a Pastor? _____
7. Do you think the applicant has the necessary leadership qualities to lead a church? _____

8 Do you think the applicant is a committed Christian? _____ If "no" please comment on your reason _____

9 Do you think the applicant is doctrinally sound in what he/she believes and teaches? _____. If "no", please comment _____

10 Does the applicant get along well with others particularly his wife/her husband and family? _____ If "no", please comment. _____

11 If you need an associate /pastor now, would you want the applicant to be engaged in the Church ministry when he completes his/her studies? _____

12 Are you aware of any sickness (either physical or mental) handicap, physical deformity, speech problem, etc in the applicant? _____. If "yes", please comment _____

13 Please make any other comments about the applicant you think might be helpful for us to know: _____

NAME: _____ SIGNATURE: _____

ADDRESS: _____ POSITION/TITLE: _____

DATE: _____

Phone No: _____

Please return this Form direct to the

BAPTIST COLLEGE OF THEOLOGY,
OBINZE, P. O. BOX 79,
OWERRI, IMO STATE.