

This form must be completed if this is your FIRST time registering.

Pastor's Recommendation Form – NJ District School of Ministry

This reference form should be completed by your pastor and mailed directly to NJDSOM. Please complete the following information and send this form to your pastor for completion. This form must be returned to our office within the first two weeks of the start of the Semester.

To The Applicant:

Name of Applicant (Please Print) _____

Address of Applicant _____
(Street) (City) (State) (Zip)

Phone (____) _____

Applicant's waiver of right of Access to Confidential Statement:

- I waive my right to review this recommendation and understand it will remain confidential.
 I do not waive my right to review this recommendation.

Signature: _____

Date: _____

To the Pastor:

The above individual is applying for admission to the New Jersey District School of Ministry. Please complete and mail the form directly to the address provided below. This document will be kept confidential if the student has signed the waiver of access above. Thank you for your assistance.

1. How long have you known the applicant? _____ How long has he/she attended your church? _____

2. Which terms best describe the applicant's attitude? Please check all that apply.

- | | | | | |
|---------------------------------------|----------------------------------|---------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Kind-hearted | <input type="checkbox"/> Devoted | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Critical | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Rebellious | <input type="checkbox"/> Angry | <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Considerate | <input type="checkbox"/> Loving | <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Passive | <input type="checkbox"/> Grateful |

3. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.)

4. Your recommendation of this applicant for admission to NJDSOM is:

- Recommended Recommended with reservations Not recommended

Name (Please Print) _____

Name of Church and Denomination _____

Position _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Signature: _____ Date: _____

Return to:

NJ District School of Ministry
1111 Preakness Ave.
Wayne, NJ 07470