

**OLIVET NAZARENE UNIVERSITY**  
*School of Theology & Christian Ministry*  
 One University Avenue  
 Bourbonnais, IL 60914  
 Phone (815) 928-5670

**Certificate of Recommendation**  
**to Support an Application for Admission to a Graduate Degree Program**

(Name of Applicant) \_\_\_\_\_ has applied for admission to Olivet Nazarene University.

Program: \_\_\_ M.A. in Biblical Studies      \_\_\_ M.A. in Religion      \_\_\_ Master of Ministry  
 \_\_\_ M.A. in Christian Ministry      \_\_\_ M.A. in Family Ministry      \_\_\_ M.A. in Pastoral Leadership (online)  
 \_\_\_ M.A. in Pastoral Ministry      \_\_\_ M.A. in Youth Ministry      \_\_\_ Master of Divinity

Type of recommendation:      \_\_\_ Academic      \_\_\_ Pastoral      \_\_\_ Personal/Supervisory

Print Name \_\_\_\_\_

Present Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Applicants for admission are considered on the basis of both academic and personal qualifications. Please do not return this statement to the applicant, but mail it directly to the School of Theology & Christian Ministry, Attn: Graduate Program Specialist, Olivet Nazarene University, One University Avenue, Bourbonnais, IL 60914-2271.

I. Please check below your opinion of the applicant's behaviors and attitudes.

	Far Above Average	Above Average	Average	Below Average	Far Below Average	Don't Know
1. Mental Ability						
2. Initiative						
3. Industry						
4. Reliability						
5. Cooperation						
6. Leadership						
7. Adaptability						
8. Social Attitude						
9. Religious Life						
10. Physical Condition						
11. Rapport With People						

PLEASE COMPLETE OTHER SIDE

II. Please give any general information you may have as to the fitness of the applicant to undertake graduate studies (negatively or positively).

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III. I do \_\_\_\_\_ do not \_\_\_\_\_ recommend the applicant for admission.

I have known the applicant for \_\_\_\_\_ years.

Please describe your relationship with the applicant.

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Date \_\_\_\_\_

Signed \_\_\_\_\_

Additional information about the applicant:

To the applicant: These recommendations will become a part of your Admission file. They will not be disclosed to any unauthorized individual without your consent. If you matriculate from Olivet Nazarene University, you will be given access to the contents unless you voluntarily waive your rights to that access. Please check one of the blanks and sign the statement below.

I (do \_\_\_\_\_) (do not \_\_\_\_\_) waive the right to review these recommendation forms once submitted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date