

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 Graduate Degree Program**

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

Program: ___ M.A. in Biblical Literature ___ M.A. in Religion ___ M.A. in Past. Leadership (online)
 ___ M.A. in Christian Ministry ___ M.A. in Family Ministry ___ M.A. in Youth Ministry
 ___ M.A. in Pastoral Ministry ___ Master of Ministry

Type of recommendation: ___ Academic ___ Pastoral ___ Personal/Supervisory

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

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).

III. I do _____ do not _____ recommend the applicant for admission.

I have known the applicant for _____ years.

Please describe your relationship with the applicant.

Date _____

Signed _____

Print Name _____

Present Position _____

Business Address _____

Business Phone _____

Additional information about the applicant: