



PASTORAL REFERENCE

FOR OFFICE USE ONLY

ID _____ Admission Officer _____ Date _____

TO THE APPLICANT: Please fill out the top part of the form and give to your pastor, youth pastor, or a church leader.

I plan to enter:

- Fall _____
 Spring _____
 Full-time Student
 On Main Campus
 Winter _____
 Summer _____
 Part-time Student
 Distance Learning Program

PLEASE TYPE OR PRINT

Applicant's Name _____ Social Security # _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 Contact Phone _____ Email Address _____

The statements on this reference will be kept confidential. We suggest that you sign the following statement to allow your evaluator greater freedom in his/her responses.

"I understand that this confidential statement will be submitted to the Admissions Committee at Alliance Evangelical Divinity School, and its contents will not be shared with me. This information will be used for admission purposes only. I hereby waive my right to see this evaluation. I realize that this waiver is not required as a condition of admission."

Applicant's Signature _____

TO THE EVALUATOR: Alliance Evangelical Divinity School is seeking to build a community of people who are strongly committed to Jesus Christ, who desire to be educated in a rigorous academic setting, and who strive to become all that God wants them to be. With this in mind, we need your careful, honest, and straightforward assessment of this applicant's capacity to pursue college work. Please be thorough and specific, since we value your responses. Thank you in advance for your assistance.

How long have you known the applicant? _____ What is your relationship to the applicant? _____

Has the applicant made a profession of faith in Jesus Christ as Lord and Savior?
 Yes
 No
 I do not know

Please rate the applicant in the following areas by circling the appropriate number. If you are unable to provide information on a specific area, please leave it blank.

	1 - poor	2 - below average	3 - average	4 - above average	5 - superior		1	2	3	4	5
Leadership	1	2	3	4	5	Integrity/Honesty	1	2	3	4	5
Responsibility/Reliability	1	2	3	4	5	Grooming/Personal Hygiene	1	2	3	4	5
Moral Character	1	2	3	4	5	Physical Health/Stamina	1	2	3	4	5
Personal Initiative	1	2	3	4	5	Common Sense/Judgment	1	2	3	4	5
Social Skills	1	2	3	4	5	Self-Image	1	2	3	4	5
Discretion with Opposite Sex	1	2	3	4	5	Church Participation	1	2	3	4	5
Respect for Authority	1	2	3	4	5	Seriousness of Purpose	1	2	3	4	5
Emotional Stability	1	2	3	4	5	Concern for Others	1	2	3	4	5

Please comment on the applicant's commitment to Jesus Christ.

Alliance Evangelical Divinity School is a smoke-free, drug-free, alcohol-free campus. Is the applicant's lifestyle consistent with these standards?

Yes No If not, please explain _____

How do you recommend the applicant for admission to Alliance Evangelical Divinity School?

I recommend highly. I recommend with the following reservation: _____

I recommend. I do not recommend.

Reference's Name _____ Position _____

Signature _____ Date _____ Contact Phone _____

Address _____ City _____ State _____ Zip Code _____

Would you like to receive information about Alliance Evangelical Divinity School for your files? Yes No

Please fold on guidelines to form an envelope and tape. Please put stamp or the post office will not deliver.

PLACE
STAMP
HERE

BUSINESS REPLY MAIL

ALLIANCE EVANGELICAL DIVINITY SCHOOL
Office of Admission
314 S Brookhurst Street
Anaheim, CA 92804