

PASTOR'S OR MINISTRY ORGANIZATION LEADER'S RECOMMENDATION FORM

Dear Pastor or Ministry Organization Leader,

The student listed below has applied for advanced placement credit toward his or her degree at Theos Bible College for teaching the Bible at your church or ministry organization.

Please provide whatever information you believe will help us in evaluating this request. We have provided the following form for your convenience. When you have finished, please place the completed form in a **sealed letterhead envelope** and give it to the student for submission with his or her application.

Thank you!

Office of the Registrar, Theos Bible College

1. STUDENT'S INFORMATION

STUDENT NUMBER	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> Sr.	OCCUPATION
	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Rev.				<input type="checkbox"/> Jr.	
	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.				<input type="checkbox"/> _____	

2. PASTOR'S/MINISTRY ORGANIZATION LEADER'S RECOMMENDTION

HOW MANY TIMES A YEAR DID THE ABOVE PERSON TEACH AT YOUR CHURCH OR MINISTRY ORGANIZATION? _____

WAS THE MAJORITY OF THE MATERIAL THEY TAUGHT PREPARED BY THEM (AND NOT PRE-PRINTED CURRICULUM)? Yes No

DID THEY COME TO TEACH FULLY PREPARED? Yes No

DO THEY EXHIBIT A CALL TO THE MINISTRY? Yes No

DOES THEIR TEACHING REFLECT QUALITY ACADEMIC STUDY? Yes No

DID THEY DEMONSTRATE INTEGRITY IN THE WORD OF GOD? Yes No

ANY OTHER COMMENTS, OBSERVATIONS, OR RECOMMENDATIONS?

VERIFYING PASTOR'S OR MINISTRY ORGANIZATION LEADER'S NAME

TITLE

PHONE NUMBER (with AREA CODE)