



ASSEMBLIES OF GOD THEOLOGICAL SEMINARY

1435 North Glenstone Avenue - Springfield, Missouri 65802-2131
 Toll-free: 1-800-467-2487 - 417-268-1000 - Fax: 417-268-1001

PERSONAL RECOMMENDATION FORM

To the applicant: This form is to be completed by an individual (friend, employer, professor, etc.) who is not a member of your family and who has known you at least three years. This form may be filled out on screen and printed or printed and then filled out.

Please provide the following information:

Applicant's Name: _____

Address: _____

City/State/Zip: _____

The Family Education Rights and Privacy Act of 1974 grants you the right to review the information provided by your recommendation. Please check one of the following boxes:

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

Applicant's Signature _____ Date: _____

To the recommender: The person named above is applying for admission to the Assemblies of God Theological Seminary and has requested a recommendation from you. Please complete this form and return it to the Admissions Office at the address listed above. Action cannot be taken on this student's application until this form has been completed and returned. Thank you for your thoughtful and candid responses.

a. Evaluate the applicant's abilities/qualifications by placing a check mark in the appropriate box.

	Superior	Above Average	Average	Below Average	Poor	No Knowledge
Spiritual Maturity						
Church Involvement						
Emotional Stability						
Leadership Potential						
Responsibility						
Interpersonal Relationships						
Communication						
Personal Appearance						
Integrity						
Reaction to Counsel						

(over)

- b. If the applicant is admitted to AGTS, what do you feel would be his/her greatest need in the area of personal development?

- c. What do you feel are the applicant's special abilities and talents that will enhance study at AGTS?

- d. To your knowledge, has the applicant ever been disciplined by the church for serious misconduct? Yes No
If yes, please explain below.

- e. Does the applicant demonstrate clear-cut and worthy goals? Yes No
- f. Does the applicant have a clear sense of direction? Yes No
- g. If married, does the applicant have the support of his/her spouse? Yes No
- h. How long have you known the applicant? _____ In what relationship? _____
- i- Please share any additional comments about this applicant you feel are pertinent to his/her admission to AGTS.

- j. How do you recommend this applicant for admission to AGTS (check only one)?
 with enthusiasm with some confidence with reservation do not recommend

Comments:

Recommender Information

Recommender's signature: _____ Date: _____

Print your name here: _____

Home Telephone: (_____) _____ Work Telephone (_____) _____

What is your position or title? _____ Employer: _____

Address: _____ City/State/Zip: _____

RETURN THIS FORM TO:
 AGTS Admissions Office
 1435 North Glenstone Avenue
 Springfield, MO_65802-2131