

WHEATON COLLEGE (IL) - PASTORAL RECOMMENDATION

PART I - TO BE COMPLETED AND SIGNED BY APPLICANT

Please print or type Part I. Part II is to be completed by your pastor, youth pastor, former pastor, Bible study leader, Christian school teacher, or other mature Christian who knows you well and has had the opportunity to observe your spiritual life. *The individual must NOT be a relative.*

Wheaton ID # (if known) _____ Date of Birth _____

Name of Applicant _____
LAST FIRST MIDDLE

Address _____
NUMBER & STREET CITY STATE ZIP CODE COUNTRY

I am applying (check one): Fall Early Action First-Year Fall Regular Action First-Year Fall Transfer Spring First-Year or Transfer

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:

I hereby voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant's Signature _____ Date _____

PART II - TO BE COMPLETED BY PASTOR/YOUTH DIRECTOR

This form is due in the Wheaton College Admissions Office by:

Fall Early Action: November 1 **Fall Regular Action:** January 10 **Fall Transfer:** March 1 **Spring First-Year or Transfer:** October 1

The above student is applying for admission to Wheaton College. We value your comments highly and ask that you give a full and candid report so that fair consideration may be given to the applicant. You may submit a letter of recommendation in addition to this completed form. An incomplete or late report may lessen this applicant's chances for admission.

1. How long have you known the applicant? 0-6 months 6 months-1 year 1-2 years 2-4 years 5 or more years

2. In what context and how well have you known this applicant? _____

3. To the best of your knowledge has the applicant made a personal commitment to Jesus Christ? Yes No I don't know

Please rate the students in the following areas, compared to his/her peer group:

	High	Average	Low		High	Average	Low
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please describe the applicant's social and spiritual influence in your church or organization. _____

5. In your opinion, does this student possess any outstanding abilities or spiritual qualities? _____

