

2024Application

Church/Pastoral

Recommendation

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To be completed by the applicant (only the grey area) Date of application: *Month / Day / Year* | | | | | | | | | | | |
| Name of applicant (English) (Chinese) | | | | | | | | | | | |
| Gender □ Male □ Female | | Phone number | | | | Applicant’s CES admissions account number | | | | | |
|  | | | |  | | | | | |
| Program applied for | | □ Master of Divinity /Theology Track 【Full time】  □ Master of Divinity/Pastoral Ministry Track【Full time】  □ Master of Divinity /Pastoral Counseling Track 【□ Full time □ Part time】  □ Master of Arts in intercultural Studies【□ Full time □ Part time】  □ Master of Arts in Religion【□ Full time □ Part time】  □ Master of Ministry in Lutheran Theology & Church Planting  【□ Full time □ Part time】  □ Master of Christian Studies【Part time】  □ Certificate in Christian Studies【□ Full time □ Part time】 | | | | | | | | | |
| To be completed by the referee | | | | | | | | | | | |
| Referee’s Name |  | | Gender：  □ Male  □ Female | Relationship to applicant | | |  | How long have you known the applicant | | |  |
| Phone Number |  | | | | Email | |  | | | | |
| Name of church or organization |  | | | | | | | | Title |  | |
| How well you know the applicant | □Very well □Rather well □Casually □Not well | | | | | | | | | | |

**The Admissions Committee would appreciate an evaluation from you concerning the person named above. Your honesty will help us in doing a careful evaluation. Please complete front and back of form.**

**This form is confidential. Do not give it back to the applicant.**

**This form is a vital part of the applicant’s application, so we earnestly suggest that after completing the form, you can**

**(1) Email to admissions@ces.org.tw no later than March 1th or**

**(2) Seal in an envelope then mail to: China Evangelical Seminary Admissions Committee,**

**No.53, Chang’an St., Bade Dist., Taoyuan City 33465, Taiwan, R.O.C. before March.1th .**

According to your viewpoint, has this applicant fully understood his or her calling on full-time ministry? Please specify:

Please indicate your understanding of the applicant’s vocation/educational goals.

Please evaluate the applicant in the following areas. Make comments on the back of next sheet for any Below Average or Poor responses. Feel free to use that space for any other comments as well.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding | Above Average | Average | Below Average | Poor | No Information |
| Character |  |  |  |  |  |  |
| Judgment |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |  |
| Core beliefs |  |  |  |  |  |  |
| Prayer/spiritual life |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |
| Commitment |  |  |  |  |  |  |
| Academic abilities |  |  |  |  |  |  |
| Learning attitude |  |  |  |  |  |  |
| Attitude towards service |  |  |  |  |  |  |
| Potential for effective ministry |  |  |  |  |  |  |
| Spouse relations |  |  |  |  |  |  |
| Family relations |  |  |  |  |  |  |
| Fellowship life |  |  |  |  |  |  |
| Relationships w/ the opposite sex |  |  |  |  |  |  |
| Relationships w/ coworkers |  |  |  |  |  |  |
| Relationships w/ others |  |  |  |  |  |  |
| Financial responsibility |  |  |  |  |  |  |

What do you consider to be his/her strengths of personality and talents?

What do you consider to be his/her areas where personality development is needed?

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?

□yes □no If yes, please elaborate.

Do you know of any physical, mental or emotional problems which might hinder the applicant’s academic progress?

□yes □no If yes, please elaborate.

Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?

□yes □no If yes, please elaborate.

**Overall evaluation and recommendation:：**

In considering the applicant’s overall ability for seminary study and for ministry, please check one of the following

□Highly recommend □Recommend □Recommend with reservations □Do not recommend

If the applicant is accepted, what areas of training do you particularly recommend for him/her?

Additional Comments：Feel free to call if you have any questions or Feel free to call for more   
 information Tel :03-2737477 ext 1372

Signature of Referee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_