

Recommendation Form

Applicant Name _____

Person Providing Recommendation _____

Title/Position _____

Contact Phone Number _____

Church/Conference Affiliation _____

Relationship to Applicant _____

1. How long have you known applicant? _____
2. In your opinion, is applicant teachable? _____
3. Would you say that applicant is a) dependable, b) somewhat dependable, or c) none of the above? *Circle one.*
4. In your opinion, is applicant's character in harmony with the teachings of the Seventh-day Adventist Church? _____
5. Does applicant support the church with his/her tithes and offerings consistently? _____
6. Is there any reason that would disqualify applicant from the University of the Saints and service? _____
7. Would you recommend this person without reservation? _____

Personal Comments: _____

Signature

Date