



CERTIFICATE OF CHURCH MEMBERSHIP

A Message to the Student's Church:

One of the purposes of DBU is to train Christian men and women preparing to serve as counselors. We are partners with the churches in this endeavor, and we are thankful for the role that you play in the lives of our students.

The M.A. in Counseling program at DBU offers a distinctively different approach to counseling by starting with Biblical presuppositions as the student develops appropriate counseling skills based on counseling theory and research. Admission to this degree program requires a recommendation from a staff member or official in the church of which the applicant is currently a member or faithfully attends. Please carefully consider the statement below. It is not necessary that the church vote on this applicant. If you are for any reason unwilling or unable to approve this form, please return this form so marked.

Having evidence that _____
Name of Applicant Date of Birth

is a member in good standing of the church listed below that holds Jesus Christ to be their Lord and Savior and who hold solely the Old Testament and the New Testament as sacred Scripture, and to the best of my knowledge is a person:

- of genuine Christian commitment and spiritual maturity;
- of moral integrity and emotional stability;
- and, of faithful attendance and participation in the local church.

Please check each of the following that applies:

___ I RECOMMEND him/her for admission and pledge our continuing interest and support through prayer.

___ I am UNWILLING TO RECOMMEND him/her for admission.
(If you are unwilling to recommend, please feel free to comment on an attached page.)

___ I would advise you to contact me regarding this applicant.

Name of Church: _____

Address of Church: _____

City: _____ State: _____ Zip: _____

Church Telephone: (_____) _____ Church email: _____

Title Name Signature Date