

**TO BE COMPLETED BY THE STUDENT**

Applicant's Full Name:



**TAYLOR UNIVERSITY**  
**PASTOR RECOMMENDATION FORM**

Deadline for which you are applying:  November 1  December 1  February 1  April 1

**TO BE COMPLETED BY THE STUDENT CONT.**

**Applicant:** Please complete this section and give this form to your guidance counselor. **Be sure to check the deadline for which you are applying.**

*Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see letters written on your behalf for admission. I waive my right of access to this recommendation written on behalf of my candidacy for admission.*

Home Address:

Applicant's signature:

Date:

**4. Please rate the applicant's involvement in church activities:**

Seldom attends  Attends but shows little interest  Attends regularly and somewhat involved  Enthusiastically involved

**5. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?**  Yes  No

**6. Please indicate the applicant's spiritual influence on his/her peers.**  
 Evangelistic  Positive  Neutral  Negative

**7. Please circle any 5 words listed below that best describe the applicant.**

Leader	Relational	Teachable	Committed
Compassionate	Mature	Self-Centered	Authentic
Distracting	Critical	Follower	Loner
Creative	Complacent	Disciple	Sincere

**8. Please list the most obvious strength and weakness that comes to mind when you think of this applicant.**

Strength:

Weakness:

**9. To the best of your knowledge does the applicant:**

Smoke?  Yes  No Drink alcoholic beverages?  Yes  No  
Use illegal drugs?  Yes  No

*Learn more about Taylor's Life Together Covenant at [www.taylor.edu/LTC](http://www.taylor.edu/LTC)*

**10. Please feel free to share with us any information or clarifications you may have about the applicant that would help in our evaluation.**

**PASTOR INFORMATION**

Name (Please print)

Signature:

Position:  Date:

Name of Church:

Denomination:

Email:

Phone:

Church Address:

Are you an alumnus of Taylor  Yes  No Grad year:

Is a member of your staff an alumnus of Taylor University?

Yes  No

If yes, please indicate name(s):

How familiar are you with Taylor University?

Very familiar  Somewhat familiar  Not at all familiar

Are you interested in a Taylor representative visiting your school?

Yes  No

Would you like to receive any literature from Taylor University?

Yes  No

Are you interested in bringing your youth group to campus?

Yes  No

If you are interested in a Taylor representative visiting with you and your youth group, **please call our office at 800.882.3456.**

Would you like to receive any literature from Taylor University?

Yes  No

**TO BE COMPLETED BY THE PASTOR**

**Please Note:** This student's application will not be evaluated until we have received your form. Please see deadline dates above.

The above student is applying for admission to Taylor University. We value your comments and request that you give a full and candid report. If necessary, please solicit input from the student's classroom teachers.

**assessment of student**

**1. How well do you know the applicant?**  By name/sight  Casually  Very well

**2. What is your opinion regarding the student's ability for further academic study?**

Highly enthusiastic  Strong  Moderate  Hesitant  Negative

**3. What is your opinion of the student's social readiness?**

Highly enthusiastic  Strong  Moderate  Hesitant  Negative  No Opinion

Neutral -- has little or no impact in school