



INTERNATIONAL HOUSE OF PRAYER UNIVERSITY  
12901 S. US Highway 71, Grandview, MO 64030  
Phone: 816.763.0243 | Fax: 816.763.0439 | admissions@ihopu.org

## PASTORAL RECOMMENDATION FORM

### TO BE COMPLETED BY THE APPLICANT

Name \_\_\_\_\_ Phone \_\_\_\_\_

IHOPU program and start date \_\_\_\_\_ Email \_\_\_\_\_

Under the Family Educational Rights and Privacy Act, students enrolled at IHOPU have the right to inspect their files upon request. In order for the person from whom you have requested this letter of reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. Waiving your right to see this letter is not a requirement for admission.

Please check only one of the options below and sign and date your option.

☐ I understand that students enrolled in IHOPU have the right to inspect their file upon request under the Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this letter of reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I DO NOT WAIVE my right of access to the letter of reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE PASTORAL REFEREE

The pastoral referee must be unrelated to the applicant and must have known the applicant for at least one year. Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email admissions@ihopu.org.

Name \_\_\_\_\_

Church name \_\_\_\_\_

Staff position \_\_\_\_\_

Church phone \_\_\_\_\_

Church address \_\_\_\_\_

City, state, zip/post code, country \_\_\_\_\_

Contact phone \_\_\_\_\_

Email \_\_\_\_\_

1. How long have you known the applicant? How well do you know him/her?

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2. Please describe the applicant's level of involvement in your church.

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3. What is the applicant's effect on his/her peers?

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4. Has the applicant served your congregation in any capacity? ☐ Yes ☐ No If yes, please give a brief description.

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5. IHOPU programs consist of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?

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6. What is your assessment of the applicant's ability to handle situations involving change, crisis, and correction?

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7. From your observation, what are the strengths and spiritual gifts of the applicant?

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8. From your observation, what are the applicant's weaknesses and struggles?

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9. Are you aware of any complex family or relational factors that might affect the applicant's time at IHOPU?

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10. Please assess the applicant in the following areas:

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or explanations:

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11. Would you have the applicant on your staff? ☐ Yes ☐ No Why or why not?

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12. Do you recommend this applicant for IHOPU?

☐ Highly recommend ☐ Recommend ☐ Recommend with reservations\* ☐ Do not recommend\*

\*Please explain:

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Additional comments:

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Signature \_\_\_\_\_ Date \_\_\_\_\_