

Christian Leader Recommendation

Student's name _____ Address _____

City _____ State _____ ZIP _____ Phone _____

I waive my right to see this reference: Yes No

Applicant: Please complete the information above before giving this form to your Christian leader. (Please do not have a relative complete this recommendation for you.)

This student has applied for admission to Cornerstone University and has given your name as a reference. Each applicant for admission must submit a recommendation from a Christian leader. Serious consideration is given to this recommendation, and therefore we request that you carefully complete this form and return it directly to the admissions office.

1. How long have you known the applicant? _____

2. How well do you know him or her?

- Just by name and sight.
- Casually. Have had few personal contacts.
- Fairly well. Have had a number of personal contacts.
- Have had a close relationship.

3. To the best of your knowledge, does the applicant have a personal relationship with Jesus Christ?

- Yes No I don't know Comments: _____

4. To what extent is the applicant engaged in the activities of your ministry?

- Irregular attendance. Little interest in activities.
- Seldom participates in activities. Does attend regularly.
- Is cooperative and usually willing to help in various activities.
- Enthusiastically engages in the activities for his or her age.

5. In what forms of Christian service has the applicant been regularly active? (Sunday School, Youth Group, Choir, Orchestra, Trips, etc.)

6. In your estimation, what will be this applicant's spiritual influence on his or her classmates?

- Harmful Neutral Strengthening I don't know

7. Please address any other issues which may be helpful in our admissions process.

8. Your estimate of this applicant's potential:

- Little success May have some difficulty Average Above average Superior

9. Your specific recommendation:

- Recommend for admission to Cornerstone. Not recommend for admission to Cornerstone.

10. Please include any additional comments on a separate sheet of paper, if necessary.

Name _____ Date _____

Signature _____ Position _____

Church/Ministry name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Send completed recommendation to: Cornerstone University | Admissions Office | 1001 E Beltline Ave NE | Grand Rapids, MI 49525-5897.