



ASSEMBLIES of GOD
THEOLOGICAL
SEMINARY

ACADEMIC RECOMMENDATION FORM

Applicant's Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

To Applicant: Please give this form to a former professor or academic colleague non-relative who has known you for **at least three** years.

If the following waiver is signed, it is understood that this information will **NOT** be shown to the applicant.

I hereby waive my right to inspect and review this recommendation. However, I understand that I am not obligated to sign this waiver under the terms of the Family Educational Rights and Privacy Act of 1974 as amended.
Applicant's Signature: _____ Date: _____

THIS PART TO BE COMPLETED BY THE PERSON SUBMITTING THE RECOMMENDATION:

The above named person has applied for admission to the Assemblies of God Theological Seminary. Before we can make our decision concerning the applicant, we will need you, a former professor or academic colleague, to complete this form. Please rate the applicant on each qualification below and, if you can, give concrete data to support your observation. Note that students are permitted access to the personal recommendation within their file unless the above waiver is signed. Since the applicant cannot be accepted until all recommendations have been received and evaluated, we will appreciate a prompt reply. **Please return this form to the Enrollment Office** (see address on reverse side of this form). Thank you for your gracious help.

In his service,
Dr. Mario Guerreiro
Director of Enrollment Management

PERSONAL CHARACTER	Superior	Above Average	Average	Below Average	Poor	Do Not Know
Relationship to persons in authority						
Personal morality						
Leadership responsibility						
Financial responsibility						
REMARKS:						

PERSONAL FACTORS	Superior	Above Average	Average	Below Average	Poor	Do Not Know
Friendliness						
Stability of home life						
Spiritual maturity						
Handles stress						
General intelligence						
Creativity						
Emotional health and stability						
Quality of interpersonal relationships						
REMARKS:						

ACADEMIC ABILITY	Superior	Above Average	Average	Below Average	Poor	Do Not Know
Handles abstract concepts						
Handles academic work load						
Writing skills						
Study habits						
REMARKS:						

WORK ABILITY	Superior	Above Average	Average	Below Average	Poor	Do Not Know
Flexibility						
Initiative						
Hardworking						
Persevering						
Team functioning						
Professional ethics						
REMARKS:						

If this person were to seek employment at your institution would you hire them? Yes No
Please briefly explain:

What is this person's potential for success in his/her ministry or career? What is the one thing this person most needs to work on in order to achieve this potential?

Based on the applicant's potential for ministry or career, would you recommend this applicant to be a scholarship recipient? Yes No
Briefly explain.

What major challenges does this person face in the next three years?

How do you recommend this applicant for admission to AGTS?

with enthusiasm with some confidence with reservation do not recommend

Print Name: _____ Date: _____

Your vocation: _____ I have known the applicant for a period of _____ years.

Address: _____ Email: _____

Signature: _____ Phone Number: _____

PLEASE RETURN THIS FORM TO:
AGTS Enrollment Office • 1435 North Glenstone • Springfield, MO 65802