

229 Seminary Drive Dyer, IN 46311 p. 219.864.2400 f. 219.864.2410

## ecclesiastical recommendation

11ppiicant	Information (to be filled out by the	o appricarie)			
Name:					
Address:	Number, Street, and Apt #	City	State/Province	Zip/Postal Code	Country
	Educational Rights and Privacy Act of . You may waive your right to view t				
to inspect or challer	his waiver, I hereby voluntarily waiv nge the contents of this letter of reco ion receiving the recommendation.	, , , , , , , ,		,	
Signatu	ure			Date	
the following quove. If the stude	form which is to be complete uestions. Please note the pro- ent has not signed the waive culty counselor. The submitte issions profile.	visions of the Family Ed r, it is possible he will r	ucational Rights and Prequest and receive peri	rivacy Act of 1974, mission to review t	as amended, liste this material in tl
Is the applicant	suited for seminary study?				
☐ Yes ☐	No				
Is the applicant	suited for the gospel ministry	y in the churches?			
	ut reservations	rations			
Are there matte	rs regarding doctrine or life w	which should be noted?			
. Please clarify an	y of your previous answers or	r add any additional com	ments (continue on bad	ck of sheet if neede	ed)
. Are you plannin f study?	ng to meet with the student t	o discuss his financial si	tuation and how you ca	n provide assistan	ce during this tin
☐ Yes ☐	No (please explain)				
Informati	on about the Reference (to be f	filled out by the consistory/sessio	n president/moderator and cler	k)	
Church Name: _	e:Church Phone Number				
Church Address:	Street Address	City	State	r/Province Zi	p/Postal Code
President/Moderate	or Signature	Clerk Signature		Da	nte .
	this form, please mail it to the				