



California Graduate School Of Theology

501 S. Idaho St. #200 ▪ La Habra, California 90631
 Tel: 562.691.5219 ▪ Fax: 562.266.1578 ▪ Email: info@cgsot.edu

LAST NAME OF APPLICANT _____

FIRST _____

MIDDLE _____

This part to be completed by the Recommender:

THE ABOVE NAMED STUDENT has applied for admission to California Graduate School of Theology and has requested that you give an evaluation. We would be grateful if you would give your frank evaluation of the applicant by responding to the questions listed below. Please mail completed form to the above address.

How long have you known the applicant? _____

How well have you known the applicant in this period? Very Well _____ Well _____ Casually _____

Are you related to the applicant? _____ If so, what relation? _____

In your judgment, what is the applicant's Christian character? Outstanding ___ Good ___ Fair ___ Poor ___

Please check the following descriptions that apply to the candidate. Leave blank, if you are unable to judge.

	Outstanding	Strong	Adequate	Inadequate
Emotional Stability				
Moral Integrity				
Leadership Qualities				
Responsibility				
Commitment to Christ				
Cooperation				
Communication				
Academic Ranking				
Spiritual Maturity				
Marital Relationship				
Physical Health				
Church Involvement				

(06/03)

Check if Alum.

Name (Print) _____

Signature _____ Date _____

Position/Title _____ Phone Number (____) _____

Address _____