



International Theological Seminary
 540 East Vine Ave. West Covina, CA 91790
 Tel: (626) 448-0023 | itsla.edu

Respondents should be aware that U.S. law permits the applicant to see this file under the supervision of a staff person unless that right is specifically waived by the applicant's signature.

- I waive my right to examine this form.
- I do not waive my right to examine this form.

Text _____
 Applicant's Signature _____ Date _____

How long have you known the applicant? _____

How well have you known the applicant in this period?

- Very Well
- Well
- Casually

What is your relation to the applicant? _____

What particular association have you had with the applicant? _____

In your judgment, what is the applicant's Christian character?

- Outstanding
- Good
- Fair
- Poor

In your judgment, is the applicant a diligent student? _____

Do you know of any reason why the applicant would be hindered in the pursuit of a theological degree?

Using a scale between 1 and 5, please give us your opinion of the applicant's prospects as a servant of the Lord.

	Excellent		Average		Poor
	1	2	3	4	5
Personal habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Christ	<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"/>
Ability to accept responsibility	<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"/>
Demonstration of a teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take criticism	<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"/>
Marital relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on the applicant's spiritual qualification, academic ability, and maturity to study for the ministry.

Signature _____ (Print) _____ Date _____

Name of Institute _____ Position _____

Address _____

Telephone _____ Email _____

Please mail directly to
ITS Admissions Office

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