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PASTORAL RECOMMENDATION FORM

APPLICANT'S REQUEST (To be completed by the Applicant)

Last Name _____ First Name _____

Middle Name _____ Date of Birth _____

Please, fill the required information above before you can give or send this recommendation form to your pastor or spiritual leader/counsellor (he/she should not be a family relative). Ask him/her to return it to you in a sealed envelope or mail to us this recommendation as soon as possible since your application package will not be complete unless it is included.

Signature _____

Date _____

RECOMMENDATION (TO BE COMPLETED BY THE RECOMMENDER)

The above-mentioned student is in the process of applying for financial support at Friedensau Adventist University. In order to process his/her application, we need to get your opinion concerning this applicant. We appreciate in advance for your confidential evaluation concerning this applicant as you answer the questions below. Thank you for your cooperation.

How long have you known this applicant and in what capacity?

How do you evaluate the applicant's relationship with God?

To the best of your knowledge, what spiritual help/encouragement does the applicant need?

Can you tell us about the applicant's personal involvement in his/her local church?

What is your overall assessment of this applicant to Friedensau Adventist University?

- I recommend without reservation
- I recommend
- I recommend with reservation
- I do not recommend

Recommender's Names (Please Print) _____

Institution _____

Position _____

Address _____

E-mail _____

Tel.: _____ Fax: _____

Signature _____

Date _____