



ZOMI CHRISTIAN THEOLOGICAL SEMINARY

8645 Walnut Ave, Pensacola, FL 32534

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+1 (850) 430-9055

RECOMMENDATION FORM (Doctor of Ministry)

Type or print with blank ink.

Name of Applicant

First Name

Middle Name

Last Name

TO THE APPLICANT:

The Educational Rights and Privacy Acts, as amended, allows a candidate for admission to waive his/her rights to access to confidential letters or statements written on his/her behalf if the recommendation is used solely for purposes of admission or financial aid. Under the legislation, you are free to choose to maintain your right to access to this recommendation or waive that right. Please check and sign one of the following statements:

I waive my right to examine this recommendation.

I do not waive my right to examine this recommendation.

TO THE RECOMMENDER:

The person named above has given your name as a reference in applying to our seminary indicated that s/he knows you well enough to request a recommendation. The admission committee would appreciate your honest estimate of the applicant's intelligence, character, personality, capacity for leadership, effectiveness in ministry, mental and emotional stability, sense of responsibility, and his/her caliber. We will treat your reference as confidential and will not made available to the applicant. Please send your recommendation with separate sheet to the applicants or admission office at your earliest possible convenience. Please seal and sign the back flap of the envelope.

How long have you known the applicant?

You have been the applicant's:

Teacher

Pastor

Advisor

Other:

Name

Title/Position

Organization/Church

Address

Street

Apt #

City

State

ZIP

Signature

Date

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Doctor of Ministry Program

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