This form is only required for those applying to the *Associate of Arts program in Pastoral Ministry* or the *Bachelor of Arts program in Leadership & Ministry*. It should be completed by a pastor, youth pastor, church elder, or other spiritual leader. Please do not send this form to an immediate family member. Complete all portions, using “N/A” for fields which do not apply.

**TO BE COMPLETED BY APPLICANT**

By signing below, the applicant may waive the right to review his/her letters of recommendation. I (undersigned) waive any right to inspect the content in this letter of recommendation.

Applicant Name (please print)   Signature     Date

**TO BE COMPLETED BY SELECTED REFERENCE**

The above-named applicant has applied for admission to Ohio Christian University and has listed you as a reference. Your assistance in supplying any significant information will be greatly appreciated.

1. How long have you known the applicant, and in what capacity?

   __________________________

   __________________________

2. How well do you know the applicant? ☐ By name/sight ☐ Casually/few personal contacts ☐ Very well

3. Do you believe the applicant knows Christ as Savior? ☐ Yes ☐ No ☐ I Don’t Know

4. Is the applicant living a consistent Christian life? ☐ Yes ☐ No ☐ I Don’t Know

What evidence have you observed?

____________________________

____________________________

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OVERALL RECOMMENDATION

Based on your knowledge of the applicant, indicate your level of recommendation:

□ Highly Recommend  □ Recommend  □ Recommend with Reservations  □ Do not Recommend

REFERENCE INFORMATION

Reference Name (please print)  Are you an OCU/CBC Alumnus?

□ Yes  □ No

Church/Organization Name  Title

Address

City  State/Zip

Phone  Email

Signature  Date

□ I would like to discuss this recommendation by phone.
□ Please send me an Ohio Christian University Information Packet.

Thank you for your reference. Please return the completed form to the university at your earliest convenience.