

# CALEB INSTITUTE

## Application for Admission

Please **TYPE** or **WRITE** clearly. There are twelve sections from I to X. Complete all sections. All Dates must be in DD/MM/YYYY Format. Your application will only be processed if found complete.

### I. APPLYING PROGRAM INFORMATION

Year: **2024-2025**

Language: **English**

Type of Admission: **Full Time Student Admission**

Program: (mark only one '✓'.)

<input type="checkbox"/>	<b>Integrated Bachelor of Divinity</b> 5 years for class XII pass (Senate of Serampore)
<input type="checkbox"/>	<b>Bachelor of Divinity</b> 4 years for University Graduate (Senate of Serampore)
<input type="checkbox"/>	<b>Master of Divinity (General, Biblical Studies, Mission, Youth Ministry)</b> 3 years for University graduate/ Non ATA B.Th graduate with minimum Grade B / ATA B.Th graduate with minimum Grade lower than B, (ATA)
<input type="checkbox"/>	<b>Upgraded Master of Divinity</b> 2 years for ATA / Serampore B.Th with minimum Grade B or higher (ATA)
<input type="checkbox"/>	<b>Master of Theology (Missiology)</b> 2 years after completion of M.Div/BD with minimum Grade B (ATA)
<input type="checkbox"/>	<b>Master of Theology (New Testament)</b> 2 years after completion of M.Div/BD with minimum Grade B and an advance reading in New Testament Greek. (ATA)
<input type="checkbox"/>	<b>Master of Theology (Old Testament)</b> 2 years after completion of M.Div/BD with minimum Grade B and an advance reading in Hebrew. (ATA Under Process)
<input type="checkbox"/>	<b>For PhD in Theology</b> under NEC University and <b>Distance Education</b> separate form will be provided

### II. APPLICANT'S PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last/ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Present Address: House Number/ Building Name: \_\_\_\_\_  
 Address Line 1: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 Landmark: \_\_\_\_\_  
 City/ Village/ Town: \_\_\_\_\_  
 Pin: \_\_\_\_\_ State: \_\_\_\_\_

Recent  
3 cm \*4 cm  
Photograph

Phone with STD Code: (\_\_\_\_) \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Aadhar Card No: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_

### III. CHURCH BACKGROUND

Church Information

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_  
 Church Address \_\_\_\_\_

*\*Kindly attach letter of recommendation from Pastor- in charge / Head of Church*

**IV. MARITAL STATUS** (mark '✓'.)

Single

Married/  
Year: \_\_\_\_\_

Divorced/  
Year: \_\_\_\_\_

**V. ACADEMIC BACKGROUND**

University / Institution / College or Professional awarding body	Degrees	Year Awarded	Grade	Serampore/ATA Registration #

Are you currently enrolled in any academic program at other institution? \_\_\_\_\_

If yes, kindly explain: \_\_\_\_\_  
\_\_\_\_\_

**VI. LANGUAGE & EDUCATION**

1. Mother Tongue: \_\_\_\_\_

2. Other languages: \_\_\_\_\_

3. Proficiency in English: Excellent  Average  Poor

4. Medium of your previous education: \_\_\_\_\_

5. Have you applied to Caleb Institute before?

6. Have you been dismissed or denied by any other Seminary / School  Yes  No

If yes, please explain (use a separate sheet if necessary): \_\_\_\_\_

**VII. EXPERIENCE**

List all significant employment/ ministry experiences. (\*Please attach your relevant documents)

<i>Title/Nature of Work</i>	<i>Employer/Church/Organization</i>	<i>Period</i>

4. Have you ever been convicted of a serious crime?  Yes  No  
 (\*Please attach your relevant documents)

If yes, please explain:

5. Are you planning to apply for scholarships? If Yes, please attach income certificate of your parents.  Yes  No

6. How did you know about Caleb Institute?

**VIII. LETTERS OF RECOMMENDATION**

List the names and addresses of two references. Please provide your recommender with forms. All envelopes must be sealed and signed across the seal by the recommender.

	<i>Name</i>	<i>Organization &amp; Title</i>	<i>Phone and e-mail</i>
1. Pastor (Current Church)			
2. Professor or Church Leader/ Employer			

**IX. APPLICATION CHECKLIST**

Please check the following list for a complete application and indicate the status of each part (mark '✓.')

<input type="checkbox"/>	Application Form duly filled	
<input type="checkbox"/>	3 Photos	
<input type="checkbox"/>	Personal Statements (use provided form)	
<input type="checkbox"/>	Recommendation-1 (use provided form)	<input type="checkbox"/> Attached (sealed)
<input type="checkbox"/>	Recommendation-2 (use provided form)	<input type="checkbox"/> Attached (sealed)
<input type="checkbox"/>	Church Attendance Letter (use provided form)	<input type="checkbox"/> Attached (sealed)
<input type="checkbox"/>	Certificate of Graduation	<input type="checkbox"/> Attached
<input type="checkbox"/>	All Certificates and Mark sheets from Class X	<input type="checkbox"/> Attached
<input type="checkbox"/>	Medical Report	<input type="checkbox"/> Attached
<input type="checkbox"/>	Sponsorship Document(s) (only if available)	<input type="checkbox"/> Attached
<input type="checkbox"/>	Scholarship Application	<input type="checkbox"/> Attached

*Note: Submitted application materials remain permanently on record with Caleb Institute and will not be returned.*

**X. SIGNATURE**

Do you agree entirely with Caleb Institute’s Statement of Faith as mentioned on the website?

Yes  No

I affirm that my statements in this application and in the attached pages are correct to the best of my knowledge. By signing below, I agree to the procedure of application and the process of admissions, as conducted by Caleb Institute. I give Caleb Institute permission to retain confidentially all submitted application materials as a permanent record and to verify all information with the relevant persons or institutions. If admitted, I agree to abide by the standards of conduct of Caleb Institute.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*If you have any questions concerning this application, please contact the Admissions Office.*

**Send Your Application to  
The Registrar  
CALEB INSTITUTE  
1 KM Milestone, Haily Mandi Road, Farrukh Nagar, Gurugram, Haryana (N.C.R.) 122506  
Phone: +91 80545 29819    E-mail: admissions@calebinstitute.org    Website: www.calebinstitute.org**



# CALEB INSTITUTE

## Personal Statements

### INSTRUCTIONS TO THE APPLICANT:

<ADMISSION FOR 2024>

Name (First/ Given, Middle, Last/ Family) \_\_\_\_\_

Degree Program/ Concentration \_\_\_\_\_

Cell Phone/ E-mail \_\_\_\_\_

1. **All applicants** should complete the following two personal statements. (Use additional sheets as necessary).

(Questions A and B, minimum 300 words – maximum 500 words each)

**1A.** Write a statement of your commitment to Christ. Answer the following question:

- What was your faith upbringing?
- What led you to commit your life to Christ?
- How has your decision changed your life?

**1B.** Write a statement explaining your desire to pursue seminary education and how this fits into your future ministry or career goals. Answer the following questions:

- What were your past ministry/ occupational experiences?
- What led you to sense a necessity for seminary higher education?
- What do you hope to gain from your studies at Caleb Institute that will help you in your ministry/ career goals?

2. **MTh applicants** should complete the following statements in addition to those above.

(Questions A and B, minimum 300 words – maximum 500 words each)

**2A.** Why did you choose to pursue an advanced master's in your specialization?

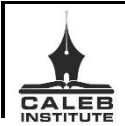
**2B.** How do you plan to use your degree? List any relevant past experiences.

Type Format: Times New Roman (Font), 12pt (Size), Double Space (Line), Left (Alignment).

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CALEB  
INSTITUTE



# CALEB INSTITUTE

## Financial Statement

### INSTRUCTIONS TO THE APPLICANT: <ADMISSION FOR 2024>

Please fill only section A and give this document to the sponsor for further completion.

#### SECTION A

Name (First/ Given, Middle, Last/ Family) \_\_\_\_\_

Degree Program/ Concentration \_\_\_\_\_

Present Address \_\_\_\_\_

Cell Phone/ E-mail \_\_\_\_\_

From where are you applying? \_\_\_\_\_

*Caleb Institute will contact the sponsor and verify the accuracy of information given in this sponsorship form.*

#### SECTION B

### INSTRUCTIONS TO THE SPONSOR

The applicant named above is applying for admission to Caleb Institute. Caleb Institute is an Advanced Leadership Institute to equip the growing Church in North India with the vision to develop and equip Christ centered leaders who excel at serving the Church in India. Caleb Institute accepts candidates with authentic Christian experience, personal character, academic potential, a heart for ministry, and leadership potential. Please give the completed form back to the applicant in a **sealed envelope signed across the seal**. Thank you for your contribution to this important part of the application process.

### TO BE COMPLETED BY THE SPONSOR

Sponsor's Name \_\_\_\_\_

#### Relationship to the Applicant (mark '✓.')

How well do you know the applicant?  Very Well  Rather Well  Casually  Not Well

Check the context(s) in which you know the applicant

As a member/attender of my church where I am  Senior Pastor  Pastor  Church Leader

As a student in my class. Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

As a student engaged in research or independent study under my direction

As an employee  under my supervision  within the same organization

Family Member (please specify): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

#### Sponsorship Pledge

I/ We undertake to sponsor the above-named candidate every academic year with the amount of \_\_\_\_\_

Amount in Figures \_\_\_\_\_

I hereby undertake to support the above student for the entire period of (mark '✓.')

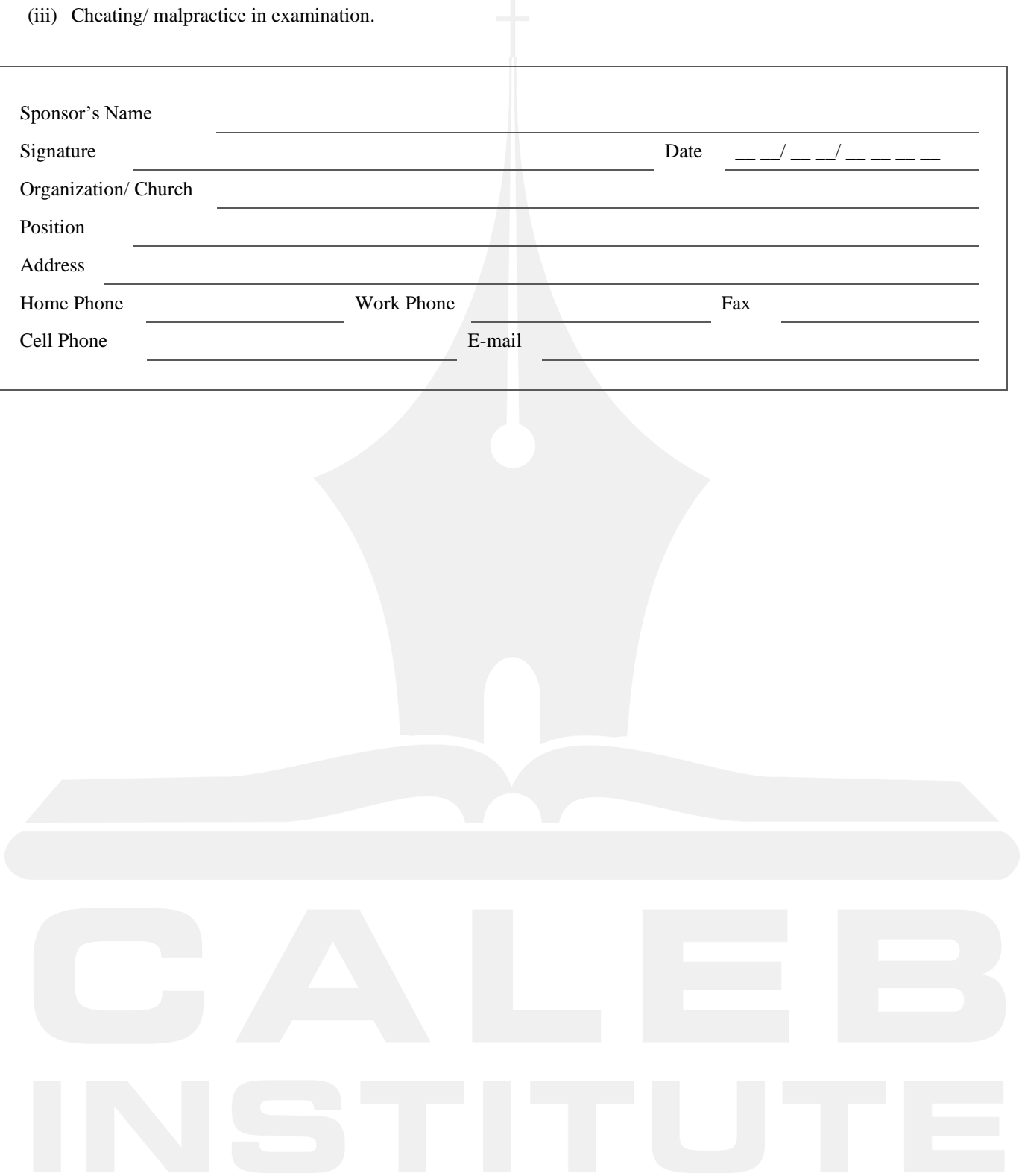
	1 Year	2 Years	3 Years
Tuition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mess and Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sponsor's Undertaking**

I/ We hereby declare that I/ We agree to:

- (a) Pay the fees of my/ our sponsored candidate as per the Seminary rules.
- (b) Withdraw my/ our sponsored candidate from the Seminary at any point in the academic year in the event of:
  - (i) Non-payment of fee.
  - (ii) Any activity that is detrimental to the smooth running of the Seminary.
  - (iii) Cheating/ malpractice in examination.

Sponsor's Name	_____		
Signature	_____	Date	___/___/_____
Organization/ Church	_____		
Position	_____		
Address	_____		
Home Phone	_____	Work Phone	_____
		Fax	_____
Cell Phone	_____	E-mail	_____





# CALEB INSTITUTE

## Medical Certificate

**INSTRUCTIONS TO THE APPLICANT:**

**<ADMISSION FOR 2024>**

Name (First/ Given, Middle, Last/ Family) \_\_\_\_\_

Degree Program/ Concentration \_\_\_\_\_

Present Address \_\_\_\_\_

Cell Phone/ E-mail \_\_\_\_\_

From where are you applying? \_\_\_\_\_

*The medical report below must be completed by a certified physician only. All information is strictly confidential and must be based on a medical examination performed within the past six (6) months.*

**INSTRUCTIONS TO THE PHYSICIAN:**

*Thank you for your service to the applicant/patient named above. Please fill out the medical report below after performing a medical examination and attach laboratory reports. Upon completion, please seal the envelope securely, sign across the seal, and return the package to the applicant.*

Height:	Weight:
General: ENT:	Eyes:
Skin:	Skeletal:
CVS:	R.S.:
Abdomen:	CNS:
Family History: Blood dyscrasia:	Diabetes:
Hypertension:	Asthma:
Past: Jaundice:	Operations:
Fits:	Long Term Treatment:
Allergy to any drugs:	Intolerance or allergy to any food:

Laboratory Reports			
Hemoglobin:	Serology:	Urine:	Stool:
Chest X-ray / Screen:			
Immunization (given dates)			
Typhoid:	Tetanus:	Cholera:	
Post- treatment & recommendation:			
Is the applicant fit for a rigorous course of study?			
Has the applicant been hospitalized for any reason?			
Does the applicant have any chronic illness that needs constant medical attention?			
Has the applicant ever been involved in an accident or have any permanent scars?			
Has the patient ever suffered or been hospitalized for mental illness?			

*Please attach additional sheets as needed.*

I certify that the information given in this report is accurate to the best of my knowledge.

PHYSICIAN'S NAME	SIGNATURE AND STAMP	DATE (DD/MM/YYYY)
OFFICE ADDRESS		
PHONE	EMAIL	





# CALEB INSTITUTE

## Church Attendance Letter

### INSTRUCTIONS TO THE APPLICANT:

<ADMISSION FOR 2024>

Please fill only section A and give this document to Senior Pastor/ Authorized Church Official for further completion.

### SECTION A

Name (First/ Given, Middle, Last/ Family) \_\_\_\_\_

Degree Program/ Concentration \_\_\_\_\_

Present Address \_\_\_\_\_

Cell Phone/ E-mail \_\_\_\_\_

From where are you applying? \_\_\_\_\_

*The Church Attendance Letter must be signed by the Senior Pastor/ Authorized Church Official. Please fill your details in the form and give this form to the church official. Once completed, please collect is back in a sealed envelop and send it with the admission documents' package.*

### SECTION B

The applicant named above is applying for admission to Caleb Institute. Caleb Institute is an Advanced Leadership Institute to equip the growing Church in North India with the vision to develop and equip Christ centered leaders who excel at serving the Church in India. Caleb Institute accepts candidates with authentic Christian experience, personal character, academic potential, a heart for ministry, and leadership potential. We would be grateful if you send us your church information on this form. Please fill out the form and stamp it with official seal and signature of church official. Please give the form back to the applicant in a **sealed envelope** signed across the seal. Thank you.

**Name of Church:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Senior Pastor:** \_\_\_\_\_

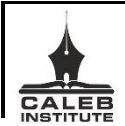
**Denomination:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

This is to certify that the applicant is an active member of our church since  
\_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

The above information is correct.

**Church Seal and Pastor/ Authority Signature with Date.**



# CALEB INSTITUTE

## Reference Letter 1

### INSTRUCTIONS TO THE APPLICANT: <ADMISSION FOR 2024>

Please fill only section A and give this document to the recommender for further completion. Make as many copies as needed.

#### SECTION A

Name (First/ Given, Middle, Last/ Family) \_\_\_\_\_

Degree Program/ Concentration \_\_\_\_\_

Present Address \_\_\_\_\_

Cell Phone/ E-mail \_\_\_\_\_

From where are you applying? \_\_\_\_\_

This recommendation is from a (mark '✓.'):  Pastor  Professor/ Church Leader/ Employer  
 Other: \_\_\_\_\_

*Applicants may not view this recommendation either before or after the recommender has submitted it for the sake of confidentiality and honest evaluation. Caleb Institute will contact the recommender and verify the accuracy of information given in this recommendation.*

#### SECTION B

### INSTRUCTIONS TO THE RECOMMENDER

The applicant named above is applying for admission to Caleb Institute. Caleb Institute is an Advanced Leadership Institute to equip the growing Church in North India with the vision to develop and equip Christ centered leaders who excel at serving the Church in India. Caleb Institute accepts candidates with authentic Christian experience, personal character, academic potential, a heart for ministry, and leadership potential. Please give the completed form back to the applicant in a **sealed envelope signed across the seal**. We would be grateful if you would give your honest evaluation of the applicant by responding to the questions listed below. Thank you for your contribution to this important part of the application process.

### TO BE COMPLETED BY THE RECOMMENDER

#### Relationship to the Applicant (mark '✓.')

- How long have you known the applicant? \_\_\_\_\_
- How well do you know the applicant?  Very Well  Rather Well  Casually  Not Well
- Check the context(s) in which you know the applicant  
 As a member/attender of my church where I am  Senior Pastor  Pastor  Church Leader  
 As a student in my class. Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_  
 As a student engaged in research or independent study under my direction  
 As an employee  under my supervision  within the same organization  
 Other (please specify): \_\_\_\_\_

#### Assessment of Applicant's Abilities

- How do you assess the applicant in the following categories as compared to his or her peers? (mark '✓.')
- |                      | Unknown                  | Weak                     | Fair                     | Average                  | Good                     | Outstanding              |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Emotional Stability  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Qualities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-discipline      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to the Local Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you rank overall this individual compared to others at the same education level or peer group? (mark '✓.')

Below 50%    Top 50%    Top 40%    Top 30%    Top 20%    Top 10%    Can't Assess

6. Is the applicant's academic record, as you know it, an accurate reflection of the applicant's abilities?

Yes    No (if no, please explain): \_\_\_\_\_

**Personal Comments on the Applicant (use separate paper if necessary)**

- 7. How do you assess the applicant's aptitude for the proposed degree program?
- 8. Does the applicant have an adequate ability to communicate in English verbally and in writing?
- 9. How do you assess the applicant's ability to relate to others and how do others regard the applicant?
- 10. Comment on the applicant's character, Christian testimony, and consistency between private and public life.
- 11. Does the applicant possess any gifts and special abilities that you have observed?
- 12. Does the applicant need improvement in any area?
- 13. Would you hire the applicant as your pastor, church staff member, or co-worker?    Yes    No    Unsure

**Summary and Signature**

Recommendation for admission to Caleb Institute (mark '✓.')

Highly Recommend    Recommend    Recommend with Reservations    Do Not Recommend

I certify that the information given in this recommendation is accurate to the best of my knowledge.		
Recommender's Name _____	Date _____/_____/_____	
Signature _____		
Organization/ Church _____		
Position _____		
Address _____		
Home Phone _____	Work Phone _____	Fax _____
Cell Phone _____	E-mail _____	



# CALEB INSTITUTE

## Reference Letter 2

### INSTRUCTIONS TO THE APPLICANT: <ADMISSION FOR 2024>

Please fill only section A and give this document to the recommender for further completion. Make as many copies as needed.

#### SECTION A

Name (First/ Given, Middle, Last/ Family) \_\_\_\_\_

Degree Program/ Concentration \_\_\_\_\_

Present Address \_\_\_\_\_

Cell Phone/ E-mail \_\_\_\_\_

From where are you applying? \_\_\_\_\_

This recommendation is from a (mark '✓.')

Pastor     Professor/ Church Leader/ Employer

Other: \_\_\_\_\_

*Applicants may not view this recommendation either before or after the recommender has submitted it for the sake of confidentiality and honest evaluation. Caleb Institute will contact the recommender and verify the accuracy of information given in this recommendation.*

#### SECTION B

### INSTRUCTIONS TO THE RECOMMENDER

The applicant named above is applying for admission to Caleb Institute. Caleb Institute is an Advanced Leadership Institute to equip the growing Church in North India with the vision to develop and equip Christ centered leaders who excel at serving the Church in India. Caleb Institute accepts candidates with authentic Christian experience, personal character, academic potential, a heart for ministry, and leadership potential. Please give the completed form back to the applicant in a **sealed envelope signed across the seal**. We would be grateful if you would give your honest evaluation of the applicant by responding to the questions listed below. Thank you for your contribution to this important part of the application process.

### TO BE COMPLETED BY THE RECOMMENDER

#### Relationship to the Applicant (mark '✓.')

- How long have you known the applicant? \_\_\_\_\_
- How well do you know the applicant?     Very Well     Rather Well     Casually     Not Well
- Check the context(s) in which you know the applicant
  - As a member/attender of my church where I am     Senior Pastor     Pastor     Church Leader
  - As a student in my class. Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_
  - As a student engaged in research or independent study under my direction
  - As an employee     under my supervision     within the same organization
  - Other (please specify): \_\_\_\_\_

#### Assessment of Applicant's Abilities

4. How do you assess the applicant in the following categories as compared to his or her peers? (mark '✓.')

	Unknown	Weak	Fair	Average	Good	Outstanding
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to the Local Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you rank overall this individual compared to others at the same education level or peer group? (mark '✓.')

Below 50%    Top 50%    Top 40%    Top 30%    Top 20%    Top 10%    Can't Assess

6. Is the applicant's academic record, as you know it, an accurate reflection of the applicant's abilities?

Yes    No (if no, please explain): \_\_\_\_\_

**Personal Comments on the Applicant (use separate paper if necessary)**

7. How do you assess the applicant's aptitude for the proposed degree program?
8. Does the applicant have an adequate ability to communicate in English verbally and in writing?
9. How do you assess the applicant's ability to relate to others and how do others regard the applicant?
10. Comment on the applicant's character, Christian testimony, and consistency between private and public life.
11. Does the applicant possess any gifts and special abilities that you have observed?
12. Does the applicant need improvement in any area?
13. Would you hire the applicant as your pastor, church staff member, or co-worker?    Yes    No    Unsure

**Summary and Signature**

Recommendation for admission to Caleb Institute (mark '✓.')

Highly Recommend    Recommend    Recommend with Reservations    Do Not Recommend

I certify that the information given in this recommendation is accurate to the best of my knowledge.		
Recommender's Name _____	Date _____/_____/_____	
Signature _____		
Organization/ Church _____		
Position _____		
Address _____		
Home Phone _____	Work Phone _____	Fax _____
Cell Phone _____	E-mail _____	