

**Ministerial Recommendation Form**

Office Use Only  
ID# \_\_\_\_\_

**A. TO THE APPLICANT FOR ADMISSION**

Complete section A and give this form to a minister, pastoral staff member, youth leader, Bible study or small group leader who knows you well but is not related to you.

Please furnish the evaluator with an envelope that can be sealed and returned to you for mailing with your application packet or mailed directly from your evaluator.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 provides permission for a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your rights of access to your file, sign your name in the space provided.

I HEREBY WAIVE MY RIGHT OF ACCESS TO THIS LETTER OF RECOMMENDATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**B. TO THE PERSON PROVIDING THE RECOMMENDATION**

The above-named applicant is applying for admission to Point Loma Nazarene University. The Admissions Committee finds candid, thorough evaluations invaluable in the decision-making process. Please include any information that you feel is pertinent, and remember that your prompt appraisal of the candidate will help to assure full consideration.

1. I have known the applicant for \_\_\_\_\_ year(s) in the following capacity: \_\_\_\_\_.

2. I recommend the applicant:

- Enthusiastically    Strongly    Fairly Strongly    With Reservation    Not Recommended

\_\_\_\_\_  
Evaluator's Name (please print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Title or Position \_\_\_\_\_ Church/Organization \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLNU Alum?    Yes    No

Office of Admissions  
POINT LOMA NAZARENE UNIVERSITY  
3900 Lomaland Drive, San Diego, CA 92106-2899

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