

LIVING WATERS INSTITUTE OF THEOLOGY

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Affiliated to Living Waters Elim Church UK
In Association with Martin Luther Christian University (U.G.C)

Office of Admission

ECCLESIASTICAL/PASTORAL RECOMMENDATION FORM

TO THE APPLICANT

Please give this form to a pastor, elder, or deacon at your church who will provide an objective assessment of your character and abilities. First, enter your full name below and indicate your program for which you are applying .

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Name:							
Sex:		Male / Female					
Academic program for which you are							
applying:	☐ Master of Theology	☐ Missiology ☐ Counseling ☐ New Testament					
	Old Testament	Religion & Philosophy					

TO THE RECOMMENDER

The above named person is applying to Living Waters Institute of Theology and has requested that your recommendation be included as part of the information on which our Admission Office will base its decision. Please provide your assistance by answering the questions below. When completed, Please mail this form directly to our Admission Office at the address shown above.

- 1. How long have you know the applicant and in what capacity?
- 2. What characteristics do you consider to be the strengths of the applicant?
- 3.Please describe the area(s) that you feel the applicant has room for growth?
- 4. How thoroughly do you think the applicant has thought out plans for theological study?

5.Living Waters Institute of Theology seeks applicants who demonstrate potential for Christian ministry and related professions. Please comment on the applicant's potential and commitment for a religious vocation.

6. What would you say are the applicant's gifts?

Please give us your appraisal of the applicant in terms of the qualities listed below:

ABILITIES AND TRAITS	Superior	Good	Average	Poor	Not Observed			
Leadership Skills. Interpersonal Skills. Teachability. Humility. Maturity. Integrity. Creativity.								
Perseverance								
Ability to work in a team- environment			of Theology					
Highly recommend Recomm	Do not recommend							
Name of Recommend. Position or Title. School, Church, or Company. Address.								
City/State/Pin					. Mob:			
Signature of recommender					Date:			