

APPLICANT INFORMATION – To be completed by the applicant (Please PRINT or TYPE) ▼

Year applied: _____

Semester: ☐ 1st ☐ 2nd

Name of Applicant: _____

SURNAME

FIRST

MIDDLE

Mailing Address: _____

Cell Phone No: _____ Email Address: _____

I willingly waive my right of access to see this recommendation knowing that this waiver is not required as a condition for admission.

Applicant's signature: - _____

TO BE COMPLETED BY THE PASTOR, YOUTH LEADER OR OTHER CHURCH LEADER ▼

As a church leader in the above applicant's life, your comments and recommendation are important to us: please provide your complete and careful evaluation. *You must know the applicant well and must not be related to the applicant to complete this form.*

1. How long have you known the applicant?

2. How well do you know the applicant?

3. Does the applicant attend services regularly? ☐ Yes ☐ No ☐ UnknownIndicate level of involvement: ☐ Very involved/leader ☐ Involved ☐ Not involved4. Does the applicant give evidence of being born again? ☐ Yes ☐ No ☐ Unknown5. Is the applicant living a consistent Christian Life? ☐ Yes ☐ No ☐ Unknown

6. How would you rate the applicant's Christian testimony among his/her peers?

☐ Positive☐ Neutral☐ Negative

Comments: _____

7. How would you describe the applicant's attitude of purity within the last year?

☐ Honorable/above reproach☐ Have not observed☐ Questionable*☐ Definite problem*

*Please explain: _____

8. How would you rate the applicant's attitude toward authority?

☐ Consistent with Biblical teaching ☐ Have not observed ☐ Questionable* ☐ Definite problem*

9. What are the applicant's strong points?

10. What areas need strengthening in the applicant's life?

11. Give a brief summary of the applicant's family background/home life:

Please omit all questions which you have not had an opportunity to observe the student. Check the box by the rating which indicates your estimate. Additional remarks for fuller explanation are most helpful.

	RATING	REMARKS
Tactfulness	<input type="checkbox"/> Very sensitive to others <input type="checkbox"/> Usually courteous <input type="checkbox"/> Sometimes untactful <input type="checkbox"/> Insensitive to others	
Emotional Stability	<input type="checkbox"/> Well balanced <input type="checkbox"/> Unresponsive <input type="checkbox"/> High strung, but controlled <input type="checkbox"/> Excitable, easily upset	
Leadership	<input type="checkbox"/> Inspiring leader <input type="checkbox"/> Occasionally takes leadership <input type="checkbox"/> Able to lead, but not eager to lead <input type="checkbox"/> Follower, never a leader	
Judgment	<input type="checkbox"/> Discerning <input type="checkbox"/> Good Common sense <input type="checkbox"/> Average <input type="checkbox"/> Lacks common sense	
Sense of responsibility	<input type="checkbox"/> Excellent <input type="checkbox"/> Usually accepts <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Generally irresponsible	
Personal Appearance	<input type="checkbox"/> Well groomed <input type="checkbox"/> Neat, plain <input type="checkbox"/> Neglects fine detail <input type="checkbox"/> Careless	
Academic Ability	<input type="checkbox"/> Very Superior <input type="checkbox"/> Alert (above average) <input type="checkbox"/> Average <input type="checkbox"/> Below Average	

Additional comments:

RECOMMENDATION CONCERNING ACCEPTANCE ▼

☐ Highly Recommend ☐ Recommend ☐ Recommend with reservation ☐ Prefer not to recommend ☐

Please call

Name (please print): _____ Title: _____

Church name: _____

Denomination/Affiliation: _____

Church Address:

Cell Phone No: _____ Email: _____

Signature: _____ Date: _____ ☐ I am an alumnus of Word of Life

MAIL DIRECTLY TO:

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