



# Living University

2301 Crown Centre Drive, Suite A  
Charlotte, NC 28227-7705

## Pastoral Recommendation

### To the Applicant:

Please complete and sign this section of the form. Once you have completed this section, present it to your pastor for completion. If your pastor is related to you, please have another elder complete this form.

Applicant's Name (PLEASE PRINT):

Applicant's Present Address:

	<b>Last</b>	<b>First</b>	<b>Middle</b>
Street or Post Office Box			
City	State	Zip	County

I willingly waive my right to review this recommendation to better enable the person completing this form to do so without reservation. I hereby authorize the release of the information requested in this form to Living University for their use in considering my application for admission to the University. I understand that all information so released will be held in confidence by the University and will not be disclosed to me. I understand this recommendation must be mailed directly to Living University.

Applicant's Signature	Date
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### To the Person Recommending Applicant:

Living University is a Christian institution of higher learning. Applicants for admission are required to submit a pastoral recommendation. The admissions committee requests your evaluation of this student's character and development in relation to our core values of leadership, service, commitment, integrity, excellence, culture, and innovation. Your comments will be given serious attention and will be held strictly confidential. We appreciate your forthright assessment of this individual.

- How long have you known the applicant?     0-1 Year                       1-5 Years                       5-10 Years                       Over 10 Years
- What is your relationship with the applicant?                       Close Relationship                       Fairly Well                       Casually                       By Name Only
- Would you feel comfortable having this applicant work in your congregation, should the occasion arise? (If no, please explain.)                       Yes     No
- Would you want your children to be in close association with this person? (If no, please explain.)                       Yes     No

5. Please check the word or words in the following list which, in your best judgment, best characterize the applicant.

**LEADERSHIP**

- Unusual ability to lead     Shows leadership promise     Leads occasionally     Tries but lacks ability     Makes no effort to lead     No opportunity to observe

**IMPACT ON OTHERS**

- Sought out by others     Well-liked     Accepted     Tolerated     Avoided     No opportunity to observe

**RESPONSIBILITY**

- Self-reliant     Resourceful and effective     Does ordinary tasks     Succeeds if told what to do     Needs constant supervision     No opportunity to observe

**JUDGMENT AND COMMON SENSE**

- Demonstrates excellent foresight     Shows discernment     Uses fair judgment     Uses poor judgment     Lacks ability     No opportunity to observe

**SPIRITUAL MATURITY**

- Has good moral and spiritual standards     Shows consistent growth     Nominal     Inconsistent attitudes and practices     Makes no profession     No opportunity to observe

**RESPONSE TO COUNSEL**

- Honors those in authority     Shows respect to others     Respectful     Critical     Disrespectful     No opportunity to observe

6. On the basis of the foregoing, what is your recommendation of this applicant for admission to Living University?

- Exceptional Applicant     Highly Recommended     Recommended     Recommended with Reservations     Not Recommended

Please contact me to discuss this applicant further

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Street or P.O. Box Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip, Country

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Are you the pastor or an elder of a Living Church of God Congregation?     Yes  No

If so, please indicate which congregation in the space below.

If not, please indicate your religious affiliation in the space below.

Thank you for completing this recommendation. Your input helps us make a well-informed admission decision.

**Please return to:**

Admissions Office  
Living University  
2301 Crown Centre Drive, Suite A  
Charlotte, NC 28227-7705

TEL: 704 844-1966 ▪ FAX: 704 844-1967 ▪ E-MAIL: admissions@livinguniv.com ▪ www.livinguniv.com