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# Hyderabad Institute of Theology and Apologetics

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## PASTORAL REFERENCE FORM

Name and Address of the Applicant

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**Waiver: I voluntarily waive my right to access the information provided on this form.**

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*(Applicant's Signature)*

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*(Date)*

***To the referee:***

The Admission Committee gives serious consideration to the reference for pursuing theological studies at HITHA and keeps it in strict confidence. Our primary concern is to take people who are called by God for such training and have the discipline to develop and use their spiritual gifts. We greatly appreciate your honest and careful consideration of the applicant. After completely filling out this reference form at your earliest possible convenience, please return it **DIRECTLY** to the Academic Dean, HITHA. Thank you.

	Excellent	Good	Average	Poor	Do Not Know
Spiritual Maturity					
Church Involvement					
Emotional Stability					
Response to Counsel					
Attitude to Authority					
Leadership Potential					
Responsibility					
Interpersonal Relationships					
Integrity					

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Very well  Rather well  Casually

Does the applicant consistently exhibit Christian character?

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How is the applicant regarded by his/her friends, co-workers and the community?

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Does the applicant have any doctrinal views, which are overemphasized?  Yes  No

If yes, comment \_\_\_\_\_

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Please comment on the applicant's strengths and areas of improvement

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How do you recommend the applicant for admission to HITHA (Please check one).

- Recommended with enthusiasm  Recommended  Not recommended  
 Recommended with reservations  Please contact me for further information

Please furnish the following information about yourself.

Signature:

Date Filled:

Name (CAPITALS):

Address:

Phone:

Fax:

Email: