

Pastoral Reference Form  
Advanced Latin@ Theological Education (ALTE) Program

Applicant's Name: \_\_\_\_\_

In seeking admission to the ALTE program the above applicant is required to have this form filled out and returned to our program Admissions Office. We seek individuals who are qualified to pursue theological studies and who have the potential to serve effectively in the ministry they choose; we would appreciate a frank evaluation of this applicant. If you feel that this form is not adequate for your remarks, please feel free to provide your response in any form you choose.

**CONFIDENTIALITY:** Federal law gives students the option to waive their right to see specific letters of recommendation. If the applicant has not signed the waiver on the reverse side of this form, it will be assumed that you are submitting information with full knowledge that it may be seen by the applicant if he or she is accepted and enrolls in the ALTE program.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please evaluate the applicant in the following areas: *(Circle only one number for each item using the following scale: 1-Excellent 2-Very Good 3-Average 4-Poor N-Not Observed)*

Christian faith and commitment	1	2	3	4	N
Moral character	1	2	3	4	N
Leadership	1	2	3	4	N
Ability to communicate	1	2	3	4	N
Personal maturity	1	2	3	4	N
Spiritual maturity	1	2	3	4	N
Ability to work with others	1	2	3	4	N
Reliability	1	2	3	4	N
Emotional stability	1	2	3	4	N
Interpersonal relationships	1	2	3	4	N
Academic/educational potential	1	2	3	4	N

3. What do you see as the applicant's strengths? \_\_\_\_\_  
\_\_\_\_\_

4. What do you see as the applicant's weaknesses? \_\_\_\_\_  
\_\_\_\_\_

5. Other comments? \_\_\_\_\_  
\_\_\_\_\_

6. Do you recommend this person for admission to a degree granting academic program of ALTE?

Highly Recommended  Recommend  Recommend with reservation  Do not recommend

7. Has the applicant shown promise for ministry? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

*(Please mail to ALTE Program, Instituto Bíblico Ebenezer, 3532 W. North Ave., Chicago, IL 60647)*

**Reference Waiver**

The Family Education and Privacy Act of 1974 provides the applicant the right to information provided by their references after the application has been accepted and the applicant has enrolled in the ALTE program. The law also allows the applicant the privilege to waive the right of access, an action which may enhance the integrity of recommendations and references. No school, however, can require an applicant to sign such a waiver, nor can it discriminate in any way against any applicant who does not waive his or her right to access.

Please check one:

I waive my right of access.

I do not waive my right to receive this form.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed Pastoral reference to:**

**ALTE Program  
c/o Instituto Bíblico Ebenezer  
3532 W. North Ave  
Chicago, IL 60647**

**Telephone: (773) 252-3929**