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Location: Plot no. 54 Target Hill, Tamale

## REFERENCE FORM

■ To the Applicant: Please complete ONLY the top portion of this form. Send this form with a self addressed stamped envelope to your referee to fill. Enclose this form with your completed application.
■ Name of Applicant (First, Middle, Last)
■ Applicant's Signature: Date:
■ To the Referee: Thank you for accepting to write an evaluation on behalf of the individual named above. We value your frank and thoughtful assessment of the applicant. After filling out the form, please seal and sign the back flap of the envelope. Attach additional sheets if necessary.
1. How long have you known the applicant and in what capacity?
2. What do you consider to be the applicant's strengths or talents?
3. What do you consider to be the applicant's weaknesses or developmental needs?
4. Explain why you believe the applicant has the ability to pursue intensive theological studies.

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

		Truly	Excellent	Very	Good	Below	No		
		Exceptional		Good		Average	Information		
C									
Christian									
commitment									
Spiritual									
maturity									
Call to									
Christian									
ministry									
0.10.11.11									
Self-discipline									
Written									
Communication									
Skills									
Physical									
condition									
Are you confident of the applicant's integrity? □ Yes □ Unable to judge □ No									
In summary, I (Please check one.) $\Box$ strongly recommend $\Box$ recommend $\Box$ recommend with some									
reservations $\Box$ do not recommend this applicant for the program at the Center for Pastoral Training and Missions.									
Please complete the following information and write your preferred address for receiving correspondence									
from the Center for Pastoral Training and Missions.									
Referee Informat	ion	l							
1. Name:					2. Church or Organization:				
3. Position or Title:					4. Address (Postal and e-mail):				
5. Phone Number:					6. Fax Number:				
Signature of Referee: Date:									