



Veritas Evangelical Seminary

Reference Form

3000 W. MacArthur Blvd. |
Logos Building | Suite 220
Santa Ana, CA | 92704

Pastoral Reference

Applicant Name:	Middle Initial:	Last:	
Home address:	City:	State:	Zip Code:
Applicant Home/Cell Phone Number:		E-mail Address:	

- "I waive my right to read this reference."
 "I do not waive my right to read this reference."

Student Signature

Date

The above student has requested a reference from you in order to complete his/her application for admittance to Veritas Evangelical Seminary. Please answer the following questions to the best of your knowledge and return reference to the student in a securely sealed envelope with your signature over the seal. You may also mail your reference form to the VES Office. Please do not email or fax reference form.

Name:	Date:	Phone Number:
Church Name:	Position:	
Address:		
City:	State:	Zip Code:

1. How long have you known the applicant?
2. In what capacity have you known the applicant?
3. How long has the applicant been a Christian?
4. What evidence have you seen in the student's life that demonstrates his commitment to Christ?

5. Has the student been involved in ministry at your church? Yes No
If yes, what kind?

Evaluation

Please circle the appropriate number on the following questions; 1 being the lowest rating and 6 being the highest. Use “?” if your knowledge of the applicant is insufficient.

Responsibility	1	2	3	4	5	6
Adaptability	1	2	3	4	5	6
Cooperation/Teamwork	1	2	3	4	5	6
Spiritual Maturity	1	2	3	4	5	6
Church Involvement	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Communication	1	2	3	4	5	6
Humility	1	2	3	4	5	6
Social Appropriateness	1	2	3	4	5	6
Doctrinal Understanding	1	2	3	4	5	6
Personal Recommendation (check one)						
<input type="checkbox"/> Do not Recommend <input type="checkbox"/> Recommend with Reservation <input type="checkbox"/> Recommend <input type="checkbox"/> Highly Recommend						

Please state any concerns or further recommendations that would assist us in the selection of this applicant.

Signature

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Date:

Evaluation

Please circle the appropriate number on the following questions; 1 being the lowest rating and 6 being the highest. Use “?” if your knowledge of the applicant is insufficient.

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Doctrinal Understanding	1	2	3	4	5	6
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Please state any concerns or further recommendations that would assist us in the selection of this applicant.

Signature

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Signature

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Date: