



Multicultural Theological Institute

Pastor Recommendation

DEPARTAMENTO DE EDUCACION
FLORIDA MULTICULTURAL DISTRICT
830 California Woods Circle, Orlando, FL 32824
Ph. (407) 850-9861 Option 6



Branch: _____

Applicant Information

Please complete this section and then give this form to your home church pastor. This evaluation must be completed by the Pastor where you are an active member. Your Pastor will provide the Department of Education with an honest assessment of your Christianity maturity. **(The pastor may not be a relative).**

Full Legal Name

Date of Birth MM/DD/YYYY

Email

Telephone Number

Mailing Address

City

State

Zip Code

Applicant Signature

Date

Pastor Recommendation

The above named applicant is applying to Multicultural Theological Institute. Your candid assesment of the applicant's spiritual maturity and personal qualities will be significant value to the Admission Department. **Please complete and return this form in a sealed envelope.** Thank you!

How long have you known the applicant? _____

Evaluate the applicant in the following areas:

In what context? _____

Outstanding Above Average Average Below Average N/A

Which term best characterizes the applicant's Christian character?
Exemplary Consistent Inconsistent No Evidence

Spiritual Maturity _____

Leadership _____

Cooperation _____

Self-discipline _____

Emotional Maturity _____

Attitude toward Authority _____

Does the applicant possess any attitudes or participate in any behaviors that are inconsistent with MTIs standards? _____

Please provide any **additional comments** below that you believe would be valuable to the Admissions Department:

For admission to the Multicultural Theological Institute, this applicant is:

HIGHLY RECOMMEND

RECOMMENDED

RECOMMENDED WITH RESERVATION

NOT RECOMMENDED

PLEASE CONTACT ME TO DISCUSS THIS REFERENCE

Print Name

Position/Title

Church/Organization

Email

Mailing Address

City

State

Zip Code

Signature

Telephone

Date