PASTORAL or SPIRITUAL LEADER REFERENCE



Applicants Name (last, first, middle initial		
Applicants Name (last, mst, middle initial		
Mailing Address, City, State, Zip		
Phone	En	nail
This recommendation may not be completed	by a relative, spouse, or friend of the applicant. Reco	ommendation forms are utilized for admission purposes only.
the case of recommendations, the institution me below whether or not you will waive your right t		
	I do not waive my rights to read this confidential recor	
Applicants Signature		Date
TO BE COMPLETED BY PAST	FOR an CRIDITUAL LEADER.	
recognizes those cannot in themselves prec		and other academic indicators. However, the colle
Name (please print)	dict the applicant's potential in the program. The	ank you for your willingness to serve as a reference. Position
Name (please print)		ank you for your willingness to serve as a reference.
Name (please print) Mailing Address, City, State, Zip		ank you for your willingness to serve as a reference.
		ank you for your willingness to serve as a reference.
Mailing Address, City, State, Zip	Congregation	ank you for your willingness to serve as a reference.
Mailing Address, City, State, Zip Daytime Phone	Congregation	ank you for your willingness to serve as a reference.
Mailing Address, City, State, Zip Daytime Phone How long have you known the applicant?	Congregation Email Just by name and sight Fairly well, several personal contacts	Position Casually, few personal contacts
Mailing Address, City, State, Zip Daytime Phone How long have you known the applicant? How well do you know this applicant?	Congregation Email Just by name and sight Fairly well, several personal contacts congregation:	Position Casually, few personal contacts
Mailing Address, City, State, Zip Daytime Phone How long have you known the applicant? How well do you know this applicant? Please rate the applicant's involvement in your o	Congregation Email Just by name and sight Fairly well, several personal contacts congregation:	Position Casually, few personal contacts Very well, close relationships t involved and willing to help ular attendance and show little interest
Mailing Address, City, State, Zip Daytime Phone How long have you known the applicant? How well do you know this applicant? Please rate the applicant's involvement in your o	Congregation Email Just by name and sight Fairly well, several personal contacts congregation: tivity involved ut regularly attends Congregation Very irregularly	Position Casually, few personal contacts Very well, close relationships t involved and willing to help ular attendance and show little interest

	e in a Christ	-centered e				th the standards of the college. Crossroad leaders who impact the world for Christ, a		
To your knowledge, would the attitude,	beliefs, and	present cor	nduct of thi	s applicant	coincide wi	th the mission of Crossroads College?	☐ Yes	□ No
If not, please explain why:								
What do you consider to be the app	olicant's st	rengths and	d unique a	abilities? _				
Do you know of areas where the ap	oplicant miį	ght need fo	ocused att	ention? _				
Please rate the applicant in the folloplease leave it unmarked:	owing area	s by circlin Below Average	g the appr	ropriate nu Above Average	umber. If	you are unable to provide information Observation	in that speci	ific area,
Initiative / Motivation	1	2	3	4	5			
Leadership Qualities	1	2	3	4	5			
Concern for Others	1	2	3	4	5			
Integrity	1	2	3	4	5			
Emotional Stability	1	2	3	4	5			
Moral Character	1	2	3	4	5			
Anticipated Achievement in College	1	2	3	4	5			
Would you recommend this app ☐ Highly Recommend		study at (commend		_		d with reservations $\ \square$ Do not reco	ommend	
Signature						Date		

Crossroads College Compass Adult Studies seeks students who profess a vital Christian faith and are open to instruction with a biblical worldview. The college admits

PLEASE SIGN AND MAIL COMPLETED FORM TO:

Crossroads College Compass Adult Studies Department 920 Mayowood Road SW Rochester, MN 55902-2382

