

MINISTER'S RECOMMENDATION

ORU

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name _____ Term Applying For _____

Address _____

City _____ State _____ Zip Code _____ Phone () _____

I authorize the minister identified on this form to complete the recommendation and submit this form to ORU. I understand that this form is confidential and that I will not be entitled to review the completed recommendation. I release the minister and ORU from all claims, liabilities and damages arising out of or related to disclosure of the information consistent with the authorization.

SIGNATURE

DATE

THIS SECTION TO BE COMPLETED BY THE MINISTER

Minister's Name _____ Church Phone () _____

Church Name _____ Denomination _____

Church Address _____
CITY STATE ZIP

TO THE MINISTER: Each applicant for admission to ORU must submit a minister's recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. UPON COMPLETION, FOLD AT THE INDICATED MARKS AND TAPE CLOSED. (THIS PIECE IS A SELF-MAILER, AND NO POSTAGE IS NECESSARY.) YOU MAY ALSO FAX THE COMPLETED FORM TO **918-495-6222**.

The Minister completing this form should NOT be related to the applicant.

1. How long have you known the applicant? _____

2. How well do you know the applicant? Very Well Well Casually

3. Do you believe the applicant has a personal relationship with Jesus Christ? Yes No

4. Do you feel the applicant possesses the necessary qualities to succeed at ORU? Yes No

If not, what qualities are lacking? _____

Rank the applicant on the following areas:

| | EXCELLENT | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Emotional Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peer Relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spiritual Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Readiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

Based on the above information, I strongly recommend recommend do not recommend the applicant for admission.

You may contact the Admissions Office at **1-800-678-8876** if you wish to offer additional information that would be helpful in assessing the applicant's ability to perform at ORU.

SIGNATURE

DATE