



School of Ministry  
**Pastoral Recommendation**  
 Academic Year 2022-23

SPIRITUAL FORMATION DEPARTMENT  
**FLORIDA MULTICULTURAL DISTRICT**  
 830 California Woods Circle, Orlando, FL 32824  
 Ph. (407) 850-9861 Option 5



**Student Information**

Complete this section and then submit this form to the Pastor of your church. This evaluation should be completed by the Pastor where you are an active member. Your Pastor will provide the Spiritual Formation Department with an honest assessment of your maturity in Christianity. *(The Pastor cannot be a relative of yours).*

Full Legal Name \_\_\_\_\_ Date of Birth MM/DD/YYYY \_\_\_\_\_

Email \_\_\_\_\_ Cellphone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation**

The above named applicant is applying to FMD School of Ministry. 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? \_\_\_\_\_

In what context? \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Evaluate the applicant in the following areas:

	Outstanding	Above Average	Average	Below Average	N/A
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any **additional comments** below that you feel 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

Pastor's Full Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Church/Organization \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Pastor's Phone Number \_\_\_\_\_ Date \_\_\_\_\_