



Church Leader Recommendation

Complete Section I and then have your pastor, youth leader, or other church leader within the church you attend who is familiar with your testimony and spiritual development complete Section II. **Whoever you choose needs to have known you for at least six months and must not be related to you.**

I. To be completed by the applicant (please print or type)

Name _____
Last name First Middle

Home address _____
Street address P.O. Box City State Zip

Home phone (_____) _____ Social Security number _____
(Optional)

Waiver of right of access to confidential statement: I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.

Applicant's signature _____ Date _____

II. To be completed by the pastor, youth leader, or other church leader

As an applicant, the student named above is required to submit a church leader's recommendation. Your comments are important to us; therefore, provide your complete and careful evaluation. You must have known the applicant for at least six months and must not be related. **Please return this completed form promptly to Admissions Office, Cedarville University, 251 N. Main St., Cedarville, Ohio 45314.**

1. How long have you known the applicant? _____

2. How well do you know the applicant? Close personal relationship Fairly well
 Casually By name only

3. Does the applicant profess to be saved/born again? Yes No I don't know
Do you observe evidence to support this profession? Yes No I don't know

4. Is the applicant living a consistent Christian life? Yes No I don't know

5. Describe the applicant's pattern of church attendance. He/She attends:

Weekly (1-2 times per week) Occasionally* (less than once per week)

*Please explain: _____

6. Indicate level of involvement Very involved/leader Involved Not involved

7. Are the parents saved/born again? Yes No I don't know

8. Describe briefly the applicant's home situation. _____

9. To your knowledge, has the applicant been convicted of a crime? Yes No

10. To your knowledge, has the applicant been investigated for or accused of sexual or physical abuse? Yes No

Community Covenant

Cedarville University students affirm yearly their commitment to the **Community Covenant** (www.cedarville.edu/communitycovenant), which summarizes scriptural principles central to spiritual maturity and a healthy Christian community. Students are expected not only to honor the covenant, but also to promote it by providing accountability and, when necessary, correction to their friends and peers.

In addition, Cedarville students agree to abide by other **student life guidelines** found in *The Cedarville Experience* (www.cedarville.edu/studenthandbook). These guidelines include such things as a commitment to purity, honesty, modesty, discretion in media choices, and the prohibition of alcohol.

11. Is the applicant's reputation consistent with the statement above? Yes No*

*Please explain: _____

12. How would you describe the applicant's testimony of purity (within the last year)?

Honorable/above reproach Have not observed Questionable* Definite problem*

*Please explain: _____

13. How would you describe the applicant's attitude toward authority?

Consistent with biblical teaching Have not observed Questionable* Definite problem*

*Please explain: _____

14. In social relationships with peers, the applicant is: Sought out Accepted Tolerated

Comments: _____

15. The applicant's Christian testimony among his/her peers is: Positive Neutral Negative

Comments: _____

16. Please comment concerning the applicant's spirituality, cooperativeness, honesty, tactfulness, and good judgment.

Recommendation Concerning Acceptance:

Based on what the **applicant** can contribute to the spiritual climate of the University, I:

Highly recommend Recommend Recommend with reservations Prefer not to recommend

Based on what the **University** can contribute to this applicant's spiritual development, I:

Highly recommend Recommend Recommend with reservations Prefer not to recommend

I need to discuss this recommendation by phone.

Name (please print) _____ Title _____

Church _____ Denomination/Affiliation _____

Address _____
Street address P.O. Box City State Zip

Church phone (_____) _____ E-mail address _____

Signature _____ Date _____ Are you a graduate of CU? Yes No

Mail this completed form directly to:

Admissions Office
Cedarville University
251 N. Main St.
Cedarville, OH 45314

Or send by fax: 937-766-7575