



VISAYAN NAZARENE BIBLE COLLEGE

St. Mary's Drive, Apas, Cebu City
Cebu City

PASTOR'S RECOMMENDATION FORM FOR ENROLMENT

Name of the Student: _____

1. How long have you known him/her? _____
2. What is your evaluation of his/her spiritual experience? _____
3. Has he/she been active in church activities? Yes ___ No ___ If Yes, in what ministry? _____
 - a. For how long? _____
4. Evaluate him/her EMOTIONAL MATURITY: ___ Stable ___ Unstable
5. Evaluate him/her PSYCHOLOGICALLY:
 - a. Sound? ___ Problems that you are aware of: _____
6. Evaluate him/her MENTALLY: ___ Sound ___ Alert ___ Slow
 - a. Temperamental _____ Self – Controlled: _____
 - b. Has he/she been a drug user? Yes ___ No _____
7. How much support will he/she have from the following?
 - a. District: Php _____ Monthly Php _____ Weekly Php _____
 - b. Home Church : Php _____ Monthly Php _____ Weekly Php _____
 - c. Parents: Php _____ Monthly Php _____ Weekly Php _____
 - d. Other Sponsors: Php _____ Monthly Php _____ Weekly Php _____
8. What spiritual gift(s) have you observed that he/she has? _____
9. What family – related problems do you know that this student faced or is presently facing? _____
 - a. How has this affected him/her? _____
10. What other information does the school need to know about this prospective student? _____
11. Highly recommended _____ with reservation _____

COMMENTS: _____

Pastor

Signature of the District Superintendent

District

NOTE: This is CONFIDENTIAL. Please send in sealed envelope to:

The Registrar
Visayan Nazarene Bible College
P.O. Box 261
6000 Cebu City