



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