

MARTIN LUTHER COLLEGE

PASTOR'S RECOMMENDATION

Full name of applicant: _____

____ I waive my right to review this recommendation form

____ I do not waive my right to review this recommendation form

Signature: _____ Date: _____

Pastor: The above-named individual is applying for admission to Martin Luther College. This form requests information that we consider essential for a thorough evaluation of the applicant's request for admission. Please evaluate the applicant in each area below. Additional comments are welcome and valued.

Comments

- ❖ Worship and communion attendance _____
- ❖ Ability to work in a team _____
- ❖ Ability to work independently _____
- ❖ Aptitude for church leadership _____
- ❖ Aptitude for teaching _____
- ❖ Communication skills _____
- ❖ Emotional stability _____
- ❖ Understanding of the WELS ministry _____
- ❖ Interest in serving in the WELS ministry _____
- ❖ Dependability/faithfulness _____
- ❖ Reputation among adults _____
- ❖ Fitness for ministry _____

List and comment on outstanding strengths of the applicant. _____

List and comment on areas in which the applicant could improve. _____

List any factors in the home environment that influence the applicant favorably/unfavorably. _____

What is the applicant's marital status?

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Divorced and Remarried ☐ Widowed and Remarried

Comments _____

If *married*, is applicant's spouse a member in good standing in your church? ☐ Yes ☐ No

Comments _____

If *married*, is applicant's spouse encouraging applicant to prepare for public ministry? ☐ Yes ☐ No

Comments _____

Has the applicant ever discussed with you his/her desire to prepare for public ministry ☐ Yes ☐ No

Comments _____

To your knowledge, has the applicant ever had problems that would affect his/her fitness for ministry? ☐ Yes ☐ No

Comments _____

How long have you known the applicant? _____

Other comments _____

RECOMMENDATION:

- ☐ **I recommend this applicant without reservations.**
- ☐ **I recommend this applicant, but *with reservations* and I have discussed this with the applicant**
- ☐ **I do not recommend this applicant and I have spoken with the applicant concerning this recommendation**
- ☐ **Call me. I'd like to discuss this applicant with you.**

Name: _____ Phone Number: _____

Signature

Date

Important! A prompt admission decision depends on receiving this form as soon as possible.

Questions?

Please contact the Martin Luther College Office of Admissions, 1995 Luther Court, New Ulm, MN 56073.

Phone: 507/ 354-8221, ext. 280. **FAX:** 507/ 354-8225. **E-mail:** mlcadmit@mlc-wels.edu

*Please feel free to include any additional pertinent information.
Thank you for your help and cooperation.*

MARTIN LUTHER COLLEGE

HIGH SCHOOL RECOMMENDATION

Full name of applicant: _____

_____ I waive my right to review this recommendation

_____ I do not waive my right to review this recommendation

Signature: _____ Date: _____

High School Administrator/Guidance Counselor: The above-named individual is applying for admission to Martin Luther College. This form requests information that we consider essential for a thorough evaluation of the applicant's request for admission.

1. Please evaluate the applicant in each area suggested below in light of his /her intended program of study.
2. **Please attach a current copy of the applicant's high school transcript.**
3. Please mail the recommendation form and transcript to the **Office of Admissions, Martin Luther College, 1995 Luther Court, New Ulm, MN 56073.**

Scale:	5 = excellent	3 = average	1 = poor	0 = don't know	Comments		
❖ Academic ability	5	4	3	2	1	0	_____
❖ Academic motivation	5	4	3	2	1	0	_____
❖ Aptitude for college-level academic work	5	4	3	2	1	0	_____
❖ Aptitude for church leadership	5	4	3	2	1	0	_____
❖ Aptitude for teaching	5	4	3	2	1	0	_____
❖ Ability to work independently	5	4	3	2	1	0	_____
❖ Ability to lead a team	5	4	3	2	1	0	_____
❖ Christian conduct	5	4	3	2	1	0	_____
❖ Christian concern for others	5	4	3	2	1	0	_____
❖ Oral communication skills	5	4	3	2	1	0	_____
❖ Written communication skills	5	4	3	2	1	0	_____
❖ Interpersonal communication skills	5	4	3	2	1	0	_____
❖ Emotional stability	5	4	3	2	1	0	_____
❖ Understanding of the WELS ministry	5	4	3	2	1	0	_____
❖ Interest in serving in the WELS ministry	5	4	3	2	1	0	_____
❖ Dependability/faithfulness	5	4	3	2	1	0	_____
❖ Reputation among peers	5	4	3	2	1	0	_____
❖ Reputation among faculty	5	4	3	2	1	0	_____
❖ Fitness for ministry	5	4	3	2	1	0	_____

List and comment on outstanding strengths of the applicant.

List and comment on areas in which the applicant could improve.

This recommendation is based on consultation with: (Please check all that apply.)

- ☐ One or more of the applicant's classroom teachers
- ☐ The applicant's advisor
- ☐ The applicant's guidance counselor
- ☐ The applicant's principal, administrator or president
- ☐ The applicant's file
- ☐ Other: _____

Has the applicant ever discussed with you his/her desire to prepare for full-time ministry? ☐ Yes ☐ No

Comments: _____

To your knowledge, has the applicant ever had problems that would affect his/her fitness for ministry? ☐ Yes ☐ No

Comments: _____

How long have you known the applicant? _____

Other comments: _____

RECOMMENDATION:

- ☐ **I recommend this applicant without reservations.**
- ☐ **I recommend this applicant, but *with reservations* and I have discussed this recommendation with the applicant**
- ☐ **I do not recommend this applicant and I have spoken with the applicant regarding my recommendation**
- ☐ **Call me. I'd like to discuss this applicant with you.**

Name: _____ Phone Number: _____

Signature

Date

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