CHURCH APPROVAL FORM

TO THE APPLICANT: Each applicant for admission to the School of Divinity at Gardner-Webb University must have the approval of a local church. The following statement should be read to the church in regular business session, or according to the polity of your church, and approved by formal vote of the congregation.

STATEMENT
Having evidence that _______________________________________________________________, an applicant for admission to the School of Divinity at Gardner-Webb University is:

▪ an individual of profound commitment to the Christian faith as evidenced by participation in the life of this church;
▪ an individual of personal moral integrity;
▪ an individual of emotional stability who is able to fill leadership responsibilities in church life, and
▪ an individual whom this church would recommend for a responsible role in the Christian ministry;

we, therefore, express approval of her/his desire to enter the work of the professional ministry, and recommend her/him for admission to the School of Divinity at Gardner-Webb University.

Name of Church ___________________________________  Denominational Affiliation  _________________________________

Address of Church  __________________________________________________________________________________________

____________________________________________________________________________________________________________

City                                                                                                                                    State                                Zip

Signature of Pastor  __________________________________________________________________________________________

Signature of Church Clerk  ____________________________________________________________________________________

Date of Church Approval  __________________________ Date Applicant Joined Church  _______________________________

TO THE CHURCH: Thank you for your thoughtful consideration. Please return this form to:

GRADUATE ADMISSIONS  
GARDNER-WEBB UNIVERSITY  
POST OFFICE BOX 7308  
BOILING SPRINGS, NORTH CAROLINA 28017 USA

Fax (704) 406-3895  |  gardner-webb.edu
Please evaluate the applicant in the following areas.

<table>
<thead>
<tr>
<th>Ability in oral expression</th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
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<tbody>
<tr>
<td>Ability in written expression</td>
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<td>Academic aptitude</td>
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<td>Analytical Skills</td>
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<td>Potential as a leader</td>
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<td>Commitment to Christian Ministry</td>
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<td>Effectiveness in working with others</td>
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<td>Emotional maturity</td>
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<td>Self-discipline</td>
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<td>Integrity</td>
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</table>

Do you recommend this person for admission?  ❑ Yes  ❑ No  *If yes, please circle one:*

- With Enthusiasm
- With Confidence
- With Reservation
- Do Not Recommend

Please use the space below to share in your own words a full and candid evaluation of the applicant. If you are providing an academic reference, please comment on the applicant’s intellectual abilities and accomplishments. If you are providing a general reference, please comment on the applicant’s maturity, social sensitivity, interpersonal skills, limitations, and ability to thrive in graduate work and ministry. You may submit your statement on a separate page.

____________________________________________________________________________________________________________
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If further questions regarding the applicant arise, may the Director of Admissions contact you by phone?  ❑ Yes  ❑ No

Signature ___________________________ Date ___________________

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