LIVING STONES CHRISTIAN UNIVERSITY

7901 4th St N, Suite 300, St. Petersburg, FL 33702, United States of America | Phone: +1 (727) 634-9795
Email: admissions@livingstoneschristianuniversity.org
Website: www.livingstoneschristianuniversity.org

CLERGY RECOMMENDATION FORM

CONFIDENTIAL REFERENCE FOR ADMISSIONS PURPOSES

This recommendation form must be completed by a pastor, minister, church leader, or member of the clergy who personally knows the applicant and can evaluate the applicant's Christian character, spiritual maturity, ministry potential, and readiness for participation in a Christ-centered online learning environment.

The information provided will be used solely for admissions evaluation purposes by Living Stones Christian University.

APPLICANT — PLEASE COMPLETE THIS SECTION

Applicant's Full Name: _____
Program Applying For: _____
Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Phone: _____
Email: _____

I hereby authorize the recommender listed below to provide information to Living Stones Christian University in support of my application for admission.

Applicant Signature: _____

Date: _____

RECOMMENDER — PLEASE COMPLETE THIS SECTION

(To be completed by the recommender)

The applicant named above is applying for admission to Living Stones Christian University, a fully online Christian institution dedicated to providing biblically grounded theological and ministry education consistent with its religious mission and Statement of Faith.

Your honest and thoughtful evaluation will assist the University in determining the applicant's readiness for Christian higher education, spiritual growth, ministry preparation, and participation in an online academic environment.

1. How long have you known the applicant?

_____

2. What is your relationship to the applicant?

_____

3. How well do you know the applicant?

☐ Very Well
☐ Well
☐ Casually
☐ Limited Interaction

4. In your opinion, does the applicant demonstrate a sincere Christian faith and commitment to Christian living?

☐ Yes
☐ No
☐ Unsure

Please provide additional comments if desired:

_____

_____

_____

5. Please evaluate the applicant in the following areas.

Quality	Excellent	Good	Average	Poor	Not Observed
Christian Character	☐	☐	☐	☐	☐
Spiritual Maturity	☐	☐	☐	☐	☐
Integrity and Honesty	☐	☐	☐	☐	☐
Reliability and Responsibility	☐	☐	☐	☐	☐
Leadership Potential	☐	☐	☐	☐	☐
Interpersonal Relationships	☐	☐	☐	☐	☐
Commitment to Ministry	☐	☐	☐	☐	☐
Emotional Maturity	☐	☐	☐	☐	☐
Academic Readiness	☐	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐	☐

6. Please describe the applicant's strengths, ministry potential, and ability to benefit from Christian higher education.

_____

_____

_____

7. Please evaluate the applicant's communication abilities.

Area	Excellent	Good	Average	Poor
Oral Communication	☐	☐	☐	☐
Written Communication	☐	☐	☐	☐
Listening and Comprehension	☐	☐	☐	☐

8. Recommendation

☐ Highly Recommend
☐ Recommend
☐ Recommend with Reservations
☐ Do Not Recommend

RECOMMENDER INFORMATION

Recommender's Name: _____
Title/Position: _____
Church/Organization: _____
Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Phone: _____
Email: _____

Signature: _____
Date: _____

Please submit this completed recommendation form directly to the Office of Admissions at Living Stones Christian University.
The applicant's admission file may remain incomplete until this recommendation has been received.

Thank you for assisting Living Stones Christian University in the admissions evaluation process.

Living Stones Christian University

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