

國際聖經神學研究院推薦表格

INTERNATIONAL BIBLICAL SEMINARY

Recommendation Form

- Address: 18700 Harvard Ave, Unit D/F, Irvine, CA 92612
- Contact Phone: +949-854-4006 Fax: +949-854-4001
- Email: info@ibsbivo.org Website: <http://www.ibsbivo.org/>

To the Applicant:

1. Please print or type
2. Prepare an envelope addressed to IBS for recommendations
3. The recommendation letter should be sent directly to IBS (See **Part II**)

Part I : Fill out by Applicant

Name of Applicant : _____ Tel: _____

Address : _____ E-mail: _____

Admission Date: (yr) _____ Fall (Sept) Winter (January) Spring (April) Summer (July)

Degree Program Applied :

- Master of Ministry (M.M.) Master of Arts (MA) Master of Divinity (M.Div.)
 Master of theology (Th.M.) Doctor of Ministry (D Min.) 1+1 Plan: (Th.M + D Min)
 Certificate for Audit

I, the applicant, give up the right to view the contents of my recommendations.

(Optional, no bearing on decision of admissions.)

Signature _____ Date _____

Part II : Fill out by **Pastors** or **Mentors**

To Recommender : The above signed applicant wishes to study at our seminary, we need your recommendations. The purpose of this seminary is to educate the students to be full-time and bi-vocational pastors of spiritual quality and academic standards. Please share with us your honest opinions on this applicant.

1. How long have you known the applicant? _____
2. In what capacity do you know this person? casual family/personal life devotional life ministry life
3. Is the applicant born again? _____
4. Does he/she demonstrate Christian faith in deeds and words? _____
5. Does this person bear good testimony in business? _____
6. Does he/she show moral defects in sexual conducts? _____
7. Is the applicant actively involved in your church? _____
8. In what capacity is he/she serving? _____
9. Is he/she clear on God's calling of ministry? _____
10. Do you recommend him/her to our school? I do I don't I have reservations

Our School relies heavily on mentoring system; if accepted, are you willing to mentor this applicant? Yes/No

Please share with us your qualifications as a mentor:

1. I have been a pastor, an elder, or a deacon/deaconess, or in the ministry for _____ years.
2. I have an advanced Theological/Ministry degree in MA MDiv ThM DMin PhD
3. I have an unrelated advanced academic degree of MA MS PhD, in _____ (field)
4. I don't have a degree but I will and have the capacity to go through the courses and syllabus to coach the applicant
5. I can spend quality time with the applicant, about _____ hours/week
6. I will provide the progress report of the students to the school monthly. Please check: Yes/No

Recommender's Name _____ **Signature** _____ **Date** _____

Church Name _____ Tel _____ E-mail _____

Address _____