

LIBERTY UNIVERSITY

SCHOOL of DIVINITY

PASTOR RECOMMENDATION FORM

Section 1 To be completed by the applicant

The Liberty University School of Divinity provides theological and graduate education for men and women preparing for ministry within the local church. Therefore, each applicant is required to provide a recommendation from a pastor or designee.*

Having evidence that _____ L _____ an applicant to the School of Divinity, is:
Student Name *Student ID Number (if applicable)*

- An individual who committed to biblical principles consistent with the doctrinal statement of the School of Divinity
- An individual of moral and ethical integrity
- An individual who will represent Christ in a manner that would be pleasing to Him
- An individual who you would recommend to vocational Christian ministry

***List of Approved Designees**

- Military Chaplains
- Denominational Directors
- Associate or Assistant Pastors
- Salvation Army Chaplains
- Missions Directors

Our Commitment to Integrity

Students are bound to submit accurate admissions information. Liberty University may, at any time, choose to verify recommendations by contacting the pastor or designee. If at any time there is reason to believe that the recommendation was falsified, it would be grounds for dismissal from the School of Divinity and/or Liberty University.

Under the Federal Family Educational Rights and Privacy Act of 1974 and its amendment, students are entitled to review their records including letters of recommendation. However, those writing recommendations and those assessing them may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right of access to the recommendations or decline to do so. Therefore, please mark the appropriate phrase below, indicating your choice of option, and sign your name.

- I waive my right to review the contents of this recommendation.
- I do not waive my right to review the contents of this recommendation.

Signature

Date

Section 2 To be completed by pastor or designee recommending applicant

Church Name

Church Address *Street Address*

City

State

ZIP Code

Pastor/Designee's Name

Position/Title

()

Email Address

Phone Number

PLEASE CHECK APPROPRIATE BOX:

- I can fully recommend this applicant to Liberty's School of Divinity for admission into its programs with the understanding and belief that he or she would be or is an acceptable leader within the Christian community.
- I cannot recommend this applicant at this time. (We request that you attach an explanation.)

Signature

Date