

AKROFI-CHRISTALLER INSTITUTE OF THEOLOGY MISSION AND CULTURE

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| <h1>Reference Form</h1> | <p>Akrofi-Christaller Institute, P. O. Box 76, Akropong-Akuapem, Accra-Ghana. E-mail: registry@acighana.org Website:www.acighana.org</p> |
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■ To the Applicant:

Please complete ONLY the top portion of this form. Send this form with a self addressed stamped envelope to your referee to fill. Enclose this form with your completed application.

Name of Applicant (First, Middle, Last) -----

I do waive my right to review the completed recommendation form.

Applicant's Signature: ----- Date:.....

■ To the Referee:

Thank you for accepting to write an evaluation on behalf of the individual named above. We value your frank and thoughtful assessment of the applicant. After filling out the form, please seal and sign the back flap of the envelope. Attach additional sheets if necessary.

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| 1. How long have you known the applicant and in what capacity? |
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| 2. What do you consider to be the applicant's strengths or talents? |
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| 3. What do you consider to be the applicant's weaknesses or developmental needs? |
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| 4. Explain why you believe the applicant has the ability to pursue intensive postgraduate studies. |
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Please give us your appraisal of the applicant in terms of the qualities listed below.

| | Truly Exceptional | Excellent | Very Good | Good | Below Average | No Information |
|---------------------------------|----------------------|-----------|-----------|------|------------------|-------------------|
| Christian commitment | | | | | | |
| Spiritual maturity | | | | | | |
| Call to Christian ministry | | | | | | |
| Self-discipline | | | | | | |
| Written Communication Skills | | | | | | |
| Physical condition | | | | | | |

Are you confident of the applicant's integrity?

Yes Unable to judge No

In summary, I (Please check one.)

strongly recommend recommend recommend with some reservations do not recommend
this applicant for the program at the Akrofi-Christaller Institute.

Please complete the following information and write your preferred address for receiving correspondence from the Akrofi-Christaller Institute.

| Referee Information | |
|---|---|
| 1. Name: | 2. Church or Organization: |
| 3. Position or Title: | 4. Address (Postal and e-mail): |
| 5. Phone Number: Country code/area code/phone number | 6. Fax Number: Country code/area code/phone number |

Signature of Referee:----- Date:-----