

## EUROPEAN NAZARENE COLLEGE

### Pastoral/ District Superintendent Reference Form

|            |  |   |
|------------|--|---|
| Address:   | Junkerstrasse 68-70<br>78266 Büsingen<br>Germany             | Junkerstrasse 68-70<br>8238 Büsingen<br>Switzerland |
| Telephone: | (0049) (0) 7734-8090   | Fax: (0049) (0) 7734-80920                          |
| Email:     | <a href="mailto:admissions@eunc.edu">admissions@eunc.edu</a> |   |
| Website:   | <a href="http://www.eunc.edu">www.eunc.edu</a>               |   |

Before completing this application form, please read the following instructions carefully:

1. Reference form must be typed or printed in block letters in ink.
2. Fill the form out in English.
3. All information is covered by the "Datenschutzgesetz" (German law) and is strictly confidential.
4. This reference must be filled out and returned directly to the college by the individual giving the reference.

**NAME OF APPLICANT:** \_\_\_\_\_.

1. How many years have you known the applicant?

2. In your estimation, does the applicant possess the spirituality, perseverance, and determination to complete successfully a college-level course? Yes \_\_\_ No \_\_\_

3. What position(s) has the applicant held on your church/district?

4. How would you evaluate his/her work?

5. Give us a brief description of the applicant's character, including obvious strengths/weaknesses.

6. Do you anticipate the applicant to be involved in full or part-time Christian ministry or would you consider involving the applicant in a ministry in your church after his or her completion of studies?

If yes, in what capacity?

If no, why not?

7. Do you know of any potential problems such as finances, family relationships, physical disabilities, emotional instabilities etc., of which we should be informed in order to better serve the student? Please be specific.

**REFERENCE CONTACT INFORMATION**

I understand my responsibility is to support the student as he or she pursues ministerial education.

Pastor/District Superintendent : \_\_\_\_\_  
Family Name First Name Middle Name

Address: \_\_\_\_\_  
Street No. Postal Code City (State) Country

Signature: \_\_\_\_\_ Date: \_\_\_\_\_