

**ADVENTIST INTERNATIONAL INSTITUTE OF ADVANCED STUDIES
THEOLOGICAL SEMINARY**

Master of Divinity Personal Evaluation (Recommendation) Form

Applicant's name _____ Date _____

The Master of Divinity program offers basic preparation needed for pastors. AIIAS would like to admit only those who can render an effective Christian service. Please help us by filling this form. Grade applicant from 1 to 10 (10 = highest) according to what extent you think the applicant is:

- | | |
|---|---|
| <input type="checkbox"/> Loyal to the SDA church | <input type="checkbox"/> Confident in poise |
| <input type="checkbox"/> Socially accepted by others | <input type="checkbox"/> Endowed for leadership |
| <input type="checkbox"/> Concerned for other people | <input type="checkbox"/> Assuming responsibility |
| <input type="checkbox"/> Balanced in stressful situations | <input type="checkbox"/> Willing to work in a team |
| <input type="checkbox"/> Attractive in appearance | <input type="checkbox"/> Rich in ministry potential |

I. For an applicant who is an SDA organizational worker:

The above evaluation was made by (Officer's name and Position) _____
_____ of the
(Organization) _____ owned by the
_____ (Conference/Union/Division) on ____/____/____.

We hereby authorize this applicant to study the MDiv Online/On-campus program.

(Signature) _____ Date: _____

II. For an applicant who is not employed by an SDA organization:

This applicant has been an SDA member for _____ years. The above evaluation was made on (date) ____/____/____ by the Board of the _____ church, chaired by (Name and Position) _____. This church is a constituent of the _____ Conference / Field of the _____ Union.

On behalf of the Church Board: (Name & Signature) _____

III. Please return this form to:

AIIAS Admissions & Records Office
P.O. Box 038, Lalaan 1, Silang 4118
Cavite, Philippines
Or fax to (63) 46 414-4301/318