



**Adventist International Institute  
of Advanced Studies**  
*Graduate School and Seminary*

# MASTER OF DIVINITY

*Admissions and Records Office*

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## PERSONAL EVALUATION (RECOMMENDATION)

Applicant's name \_\_\_\_\_ Date \_\_\_\_\_

**TO THE EVALUATOR:** To evaluate the applicant's capacity for graduate study, it is necessary to gather established information. Kindly help us by filling out this form.

Please provide an evaluation to the applicant on a scale of 1 - 10 (with 10 indicating the highest) in relation to the following attributes:

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

### 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 a church 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 /Union/Division.

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

**PLEASE SUBMIT THIS FORM DIRECTLY TO AIIAS ADMISSIONS & RECORDS OFFICE**  
Email Address: [admissions@aiaas.edu](mailto:admissions@aiaas.edu)