

PASTOR'S REFERENCE

This section to be filled in by applicant

Applicant's Name:

(First name)

(Middle name)

(Last name)

Mailing Address:

City:

State:

Zip:

Enrollment Date:

Signature of Applicant:

Date: / /

The person named above has applied for admission to CORENation University. Applicants for admission to certain/specific programs must submit a recommendation from his or her pastor. Serious consideration is given to this recommendation; therefore, we request that you complete this form and return it directly to the Admissions Office.

WE CANNOT PROCESS THIS APPLICANT'S APPLICATION UNTIL WE HAVE RECEIVED THIS FORM
This section must be filled out by Pastor

CONFIDENTIAL

How long have you known the applicant?

To what extent: ☐ very well ☐ quite well ☐ not much ☐ little

Is he/she an active member of your church? ☐ Yes ☐ No

Areas in which applicant needs change or growth:

RECOMMENDATION

Would you recommend that we accept this application? ☐ Definitely ☐ Unsure ☐ Not at this time.

Signature:

Date:

Name (please type/print):

Name of Church: Your position:

Address:

Phone: () -

☐ Check here if you would like to talk to us personally about this applicant.

Please return this form in an envelope marked "CONFIDENTIAL" to:

CORENation University
P.O. Box 6403
Sun City Center, FL 33571