

## Recommendation

**This portion is to be completed by the applicant**

Applicant's Name: NTGINAMA Ignace

Last/Family	First	Middle
NTGINAMA	Ignace	

Address: \_\_\_\_\_

Phone: 0788309689/0728881190 Email: \_\_\_\_\_

Anticipated Program of Study: \_\_\_\_\_

This recommendation is from a (check one): ☒ Pastor ☐ Teacher/Professor (Academic)  
☐ Synod or denominational official  
☐ Missioner

**Note:**

1. The recommendation should be made by someone who is not a member of your immediate family.
2. Make two copies of this form and give each to the each recommender
3. All the recommendation letters should be submitted after being sealed.

**This portion is to be completed by the recommender**

1. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

Observed	Weak	Fair	Average	Good	Outstanding
1	0.00	0.00	0.00	0.00	0.00
2	0.00	0.00	0.00	0.00	0.00
3	0.00	0.00	0.00	0.00	0.00
4	0.00	0.00	0.00	0.00	0.00
5	0.00	0.00	0.00	0.00	0.00
6	0.00	0.00	0.00	0.00	0.00
7	0.00	0.00	0.00	0.00	0.00
8	0.00	0.00	0.00	0.00	0.00
9	0.00	0.00	0.00	0.00	0.00
10	0.00	0.00	0.00	0.00	0.00
11	0.00	0.00	0.00	0.00	0.00
12	0.00	0.00	0.00	0.00	0.00
13	0.00	0.00	0.00	0.00	0.00
14	0.00	0.00	0.00	0.00	0.00
15	0.00	0.00	0.00	0.00	0.00
16	0.00	0.00	0.00	0.00	0.00
17	0.00	0.00	0.00	0.00	0.00
18	0.00	0.00	0.00	0.00	0.00
19	0.00	0.00	0.00	0.00	0.00
20	0.00	0.00	0.00	0.00	0.00
21	0.00	0.00	0.00	0.00	0.00
22	0.00	0.00	0.00	0.00	0.00
23	0.00	0.00	0.00	0.00	0.00
24	0.00	0.00	0.00	0.00	0.00
25	0.00	0.00	0.00	0.00	0.00
26	0.00	0.00	0.00	0.00	0.00
27	0.00	0.00	0.00	0.00	0.00
28	0.00	0.00	0.00	0.00	0.00
29	0.00	0.00	0.00	0.00	0.00
30	0.00	0.00	0.00	0.00	0.00
31	0.00	0.00	0.00	0.00	0.00
32	0.00	0.00	0.00	0.00	0.00
33	0.00	0.00	0.00	0.00	0.00
34	0.00	0.00	0.00	0.00	0.00
35	0.00	0.00	0.00	0.00	0.00
36	0.00	0.00	0.00	0.00	0.00
37	0.00	0.00	0.00	0.00	0.00
38	0.00	0.00	0.00	0.00	0.00
39	0.00	0.00	0.00	0.00	0.00
40	0.00	0.00	0.00	0.00	0.00
41	0.00	0.00	0.00	0.00	0.00
42	0.00	0.00	0.00	0.00	0.00
43	0.00	0.00	0.00	0.00	0.00
44	0.00	0.00	0.00	0.00	0.00
45	0.00	0.00	0.00	0.00	0.00
46	0.00	0.00	0.00	0.00	0.00
47	0.00	0.00	0.00	0.00	0.00
48	0.00	0.00	0.00	0.00	0.00
49	0.00	0.00	0.00	0.00	0.00
50	0.00	0.00	0.00	0.00	0.00
51	0.00	0.00	0.00	0.00	0.00
52	0.00	0.00	0.00	0.00	0.00
53	0.00	0.00	0.00	0.00	0.00
54	0.00	0.00	0.00	0.00	0.00
55	0.00	0.00	0.00	0.00	0.00
56	0.00	0.00	0.00	0.00	0.00
57	0.00	0.00	0.00	0.00	0.00
58	0.00	0.00	0.00	0.00	0.00
59	0.00	0.00	0.00	0.00	0.00
60	0.00	0.00	0.00	0.00	0.00
61	0.00	0.00	0.00	0.00	0.00
62	0.00	0.00	0.00	0.00	0.00
63</					

Intellectual ability	00000	✓	0
Ability to work with others	00000	✓	0
Initiative	00000	✓	0
Creativity and imagination	00000	✓	0
Maturity	00000	✓	0
Interpersonal skills	00000	✓	0
Self-confidence	00000	✓	0
Self-discipline	00000	✓	0
Oral communication skills in English	00000	✓	0
Written communication skills in English	00000	✓	0
Quality to work	00000	✓	0
Ability to analyze problems & formulate solutions	00000	✓	0
Leadership skills	00000	✓	0
Motivation for proposed program study	00000	✓	0
Potential for career advancement	00000	✓	0
Aptitude for chosen ministry or profession	00000	✓	0

2. How long have you known the applicant? One year

How well? ☐ Very well ☒ Rather well ☐ Casually ☐ Not well

3. If you are a professor, in how many of your courses have the applicant been enrolled?

☐ Undergraduate ( )

☐ Graduate (✓)

4. Please provide us with a statement concerning the applicant's spiritual maturity, abilities, personality, character, and professional promise. Also include in your statement an assessment of his or her strengths and weakness.

Strengths: To get Knowledge

Weakness: To study in English Language

5. Do you see this person as someone whom you want to hire as your pastor or church staff member or like to work with as a colleague? ☒ Yes ☐ No ☐ Unsure

Please Comment:

because I get him like a friend in Jesus and also his a potential man.

6. We would appreciate your additional comments. Use a separate page if necessary.

For all we thanks you God bless you.

7. I recommend this applicant for the admission to UWMF:

☐ Highly recommend ☒ Recommend ☐ Recommend with reservation ☐ Do not recommend

8. Name: NTIGINAMA IGNACE Signature & Seal:

Date: 27/12/2018

Church /Organization/School: ADEPR

Position/Title: SENIOR PASTOR

Address: VILLE DE KIGALI

Phone: 0788309689/0728881900 Email:

