Recommendation

This portion is to be completed by the applicant

Applicant's Name: MBOA	PABUCY	1 /	tu	ga st	in	
Last/Family	2014	1	Ei	rst		Middl
Address: ADEPL 9	arouse	Ly	148	gur		
Phone: 07803380	OJ Er	nail:				
Anticipated Program of Study:	Mars	hers				
This recommendation is from a (check one	e): 🗆 Pasto	r 🗆 Te	acher/l	Professor	(Acaden	nic)
	☐ Syno	d or den	omina	tional off	icial	
	□Missi	oner				
 Note: The recommendation should be made Make two copies of this form and give All the recommendation letters should 	e each to the ea	ach reco	mmen	der	our imm	nediate family.
This portion is to be completed by the re 1. In view of your knowledge of the applic categories as compared to his or her peer	ant, how do yo	u assess Weak	his or Fair	r her abili		character in the
Intellectual ability	I COSCIVED	U .		Avetage	4	
Ability to work with others					d	0
Initiative						
Creativity and imagination				0	4	
Maturity			0		0	
Interpersonal skills				0	4	
Self-confidence			0	0	6	
Self-discipline					6	
Oral communication skills in English					d	
Written communication skills in English					d	0
Quality to work				п	4	
Ability to analyze problems & formulate so	olutions□				4	
Leadership skills				0	6	
Motivation for proposed program study				0	1	
Potential for career advancement					1	

2. How long have you known the applicant?
How well? Le Very well □ Casually □ Not well
3. If you are a professor, in how many of your courses have the applicant been enrolled?
Undergraduate ()
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.
is a Leader of that Charel and he of
well his work, in his character, parkeningly
so to pet more training is to encourage him.
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: He is in work of Evagyelism as usual
6. We would appreciate your additional comments. Use a separate page if necessary.
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acôle du a
7 I was a little of the state o
7. I recommend this applicant for the admission to UWMF: □ Highly recommend □ Recommend □ Recommend □ Do not recommend
Acoust (* SHOCKE
8. Name: 11014GIRAMINGI) Signature Seal: Date: 27 101/2019
Church Organization/School: ADFPR GIHORWS, Position/Title: Somer West
Address: ADEPR GIHOGOWE.
Phone: 078845364 Email: reviolenis turogramunge,