

NAIROBI EVANGELICAL GRADUATE SCHOOL OF THEOLOGY

P.O. BOX 24686, 00502 NAIROBI, KENYA
A Project of the Association of Evangelicals of Africa (AEA)

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FAX: 254-20-882906
E-mail: admissions @negst.edu

Recommendation Form Professor

This recommendation form should be completed by a lecturer or professor who taught the applicant previously and can comment on the applicant's intellectual potential.

Name of Applicant _____

Address _____

Phone _____ Email _____

Recommender

Name _____

Title _____

Institution or Agency _____

Telephone _____ Email _____

May we contact you if we have additional questions? Yes No

Write as fully as you can about the candidate. We are looking for applicants with strong intellectual capacity and sufficient preparation to successfully complete the school's program.

1. How long have you known the applicant and in what capacity?

2. What do you consider the applicant's strengths?

3. What do you consider the applicant's weaknesses?

4. Describe an activity or program in which the applicant has been involved that displays his/her leadership ability or potential.

5. How well do you think the applicant will respond to a very rigorous and intellectually demanding graduate course?

Please rate/assess the applicant's abilities as regards the following against a peer group of people at a similar stage in their career.

	Unable to Comment	Marginal (Lower 50%)	Average (Top 50%)	Good (Top 25%)	Excellent (Top 10%)	Superior (Top 3%)	Equal to the Best
Intellectual ability							
Analytic frame of mind							
Problem-solving skills							
Time management skills							
Quality of oral expression							
Quality of written expression							
Motivation and initiative							
Leadership							
Organization							
Sense of Humor							
Emotional maturity							
Ability to work with others							
Professional integrity							
Research ability							

6. Please check one of the following: I strongly recommend recommend do not recommend the applicant.

7. Please make any additional comments about the applicant's potential or personal qualities which you feel would be helpful for the admissions committee.

Signature _____ Date _____
Day/Month/Year

Please mail the form directly to the **Admissions Officer**
Nairobi Evangelical Graduate School of Theology
 P.O. Box 24686 – 00502, Karen
 Nairobi, Kenya
 Tel: 254-2-882104/5, 882038
 Fax: 254-2-992906
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