

ORU GRADUATE SCHOOL OF BUSINESS

MINISTER'S RECOMMENDATION *(May not be completed by a relative)*

Name of Applicant: _____
Last/Family
First/Given Name
Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone () _____ Email Address: _____

I plan to start ORU in: Fall (*August*) Spring (*January*) Summer Year _____

Area of Study

Master of Business Administration

Traditional:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Non-Profit Management |
| <input type="checkbox"/> Finance | <input type="checkbox"/> None |
| <input type="checkbox"/> International Business | |
| <input type="checkbox"/> Management | |

Master of Management

Concentration in:

- Non-Profit Management
- Organizational Dynamics
- Sales Marketing

To the Applicant: This form should be completed by your Minister and returned by him/her to the ORU Office of Graduate Admissions. You may want to provide your recommender with an addressed and stamped envelope for their convenience.

I authorize the minister identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the minister and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

To the Minister: Each applicant for admission to ORU must submit a recommendation from his/her minister. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since a candid evaluation is requested, your comments will be held in the strictest of confidence. Please complete and return this form directly to: **ORU Graduate School Admissions, 7777 South Lewis Avenue Tulsa, Oklahoma 74171-0001.**

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her?

- | | |
|---|---|
| <input type="checkbox"/> By name/sight | <input type="checkbox"/> Fairly well/numerous personal contacts |
| <input type="checkbox"/> Casually/few personal contacts | <input type="checkbox"/> Very close personal relationship |

3. To your knowledge, has the applicant made a meaningful personal commitment to Jesus Christ?

- Yes No I do not know

Comments: _____

4. Please indicate applicant's level of involvement in church activities.

- | | |
|--|---|
| <input type="checkbox"/> Attends irregularly; shows little interest | <input type="checkbox"/> Cooperative; usually willing to help |
| <input type="checkbox"/> Seldom participates, although attends regularly | <input type="checkbox"/> Enthusiastic; deeply involved |

