Philippine College of Ministry

Personal Evaluation Form

To the Applicant: print your name and address on the lines below. You should provide a stamped envelope addressed to the PCM Registrar (P.O. Box 1964, 2600 Baguio City) to the person completing this form. By signing this form, you waive your right of access to this form. Three of these forms must be filled out and returned to PCM before you will be accepted for admission. Relatives may not complete Personal Evaluation Forms for you.

Name of applicant:_____ Date:_____ Signature:_____

Applicant's Address:

To the Evaluator: The person named above is applying for admission to Philippine College of Ministry and is asking you to provide a reference. PCM is a Christian college with Christian goals and we wish to admit those who will profit from their studies here. It is essential that you be honest, frank, fair, and accurate in your evaluation. Please return this form to: Registrar, Philippine College of Ministry, P.O. Box 1964, 2600 Baguio City. Thank you for your participation. ***The Applicant will not have access to this form.***

1. How long have you known the applicant? _____What is your relationship? _____

2. How well do you know the applicant? ❒ Very well ❒ Somewhat well ❒ Not very well

3. What is your opinion regarding the ability of the applicant to perform college-level academic work?
   ❒ Negative ❒ Hesitant ❒ Uncertain ❒ Strong ❒ Highly enthusiastic ❒ Don't know

4. Please rank the applicant in the following categories: **1** = Superior **2** = Good **3** = Fair **4** = Poor **D** = Don't know

_____ Judgment	_____ Acceptance by others	_____ Responsibility
_____ Hard work	_____ Concern for others	_____ Leadership and Influence
_____ Emotional Stability	_____ Integrity	_____ Willingness to learn
_____ Motivation	_____ Social Manners	_____ Relationship with the opposite sex

5. As far as you know, does the applicant use or consume: Tobacco products? ❒ Yes ❒ No
   Alcoholic drinks? ❒ Yes ❒ No
   Illegal Drugs? ❒ Yes ❒ No

Please use the back of this form if the space provided is inadequate for numbers 6-10.

6. Does the applicant respond well to authority? ❒ Yes ❒ No Comments:

7. Would you say the applicant is an honest person? ❒ Yes ❒ No Comments:

8. Does the applicant usually finish what he/she begins? ❒ Yes ❒ No Comments:

9. In what areas do you think the applicant is weak?

10. In what areas do you think the applicant is strong?

I recommend the applicant:

❒ With no doubts ❒ With some doubt ❒ With little doubt ❒ I do not recommend the applicant

Your Name: _____ Signature: _____ Date: _____

Occupation: _____ Position: _____

Please use the back of this Evaluation Form to write anything else you wish to add. Thank you for your cooperation.