



JOHN WITHERSPOON COLLEGE

PASTORAL EVALUATION FORM

[Applicant: Please ask your pastor to complete and return this form.]

Dear Pastor:

Thank you for taking time to evaluate the student applicant's strengths and weaknesses. Your candid assessment of the student will play an important part in the College's admissions process. Please return this completed form directly to: Admissions Office, John Witherspoon College, P.O. Box 9014, Rapid City, SD 57709.

Student's Name: _____

Your Name/Title: _____

Congregation: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Phone: (_____) _____ – _____ E-mail address: _____

Please evaluate the student in the following areas. Check the appropriate response.

	Excellent	Average	Needs Improvement	No Opinion
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Attendance/Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bible Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theological Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity/Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect to Parents/Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socially Adept with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PASTORAL EVALUATION FORM – 2

(1) How long have you known the student? _____year(s)
How long have you known the student's family? _____year(s)
How well do you know the student? _____

(2) Is the student a member in good standing of your congregation? Yes No
(If "No," please explain)

(3) Please identify this applicant's most notable weakness, or area of immaturity.

(4) Please identify this applicant's most notable strength, or area of maturity.

(5) Is there anything else you think we should know about this student?

(6) In your ministerial experience, how does this applicant compare to other college-bound students in terms of spiritual maturity and preparedness?

Excellent Good Average Weak Poor

(7) Do you recommend this student for admission to John Witherspoon College?
 Yes, highly recommend Recommend with reservations Do not recommend

Signature

Date

Thank you so very much for your candid evaluation of the student applicant. Please return the completed form directly to:

*Admissions Office
John Witherspoon College
P.O. Box 9014
Rapid City, South Dakota 57709
(Campus located at 4024 Sheridan Lake Road, Rapid City)*



JOHN WITHERSPOON COLLEGE

ACADEMIC EVALUATION FORM

[Applicant: Please ask the person you have designated as Academic Evaluator to complete and return this form.]

Dear Teacher/Academic Evaluator:

Thank you for taking time to evaluate the student applicant's strengths and weaknesses. Your candid assessment of the student will play an important part in the College's admissions process. Please return this completed form directly to: Admissions Office, John Witherspoon College, P. O. Box 9014, Rapid City, SD 57709.

Student's Name: _____

Your Name/Title: _____

Congregation: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Phone: (_____) _____ – _____ E-mail address: _____

Please evaluate the student in the following areas. Check the appropriate response.

	Excellent	Average	Needs Improvement	No Opinion
Overall Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Well with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity/Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect to Parents/Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discerning in Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC EVALUATION FORM – 2

(1) How long have you known the student? _____year(s)

How long have you known the student's family? _____year(s)

How well do you know the student? _____

(1) Has this student ever been placed on probation or dismissed from school for academic or disciplinary actions?

Yes No (If yes, please explain)

(2) Please comment on the applicant's strengths.

(3) Please comment on the applicant's weaknesses.

(4) Please rate this applicant relative to other college-bound students you have encountered in your experience.

Top 10% Above Avg Average Below Avg Bottom 10% No Opinion

(5) Do you recommend this applicant for admission to John Witherspoon College?

Yes, highly recommend Recommend with reservations Do not recommend

Signature

Date

Thank you so very much for your candid evaluation of the student applicant. Please return the completed form directly to:

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