



LUTHERAN THEOLOGICAL  
**SEMINARY**  
IN TSHWANE

NPO (Sec. 21) No. 2005/009291/08  
PBO No. 930021598

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## ENDORSEMENT BY BISHOP/CHURCH LEADER

Name of Bishop/Church leader: \_\_\_\_\_

Contact no(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Thank you for completing this reference on behalf of the applicant. Your honest responses will enable us to properly assess whether or not the Lutheran Theological Seminary is an appropriate place of study for his / her needs. Your honest responses will also enable us to better assist him / her with their formation and study programs.

**FULL NAME OF APPLICANT:**

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known him / her? \_\_\_\_\_

Please indicate why you support the applicant's application to enroll at LTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant been baptized and confirmed? Please attach certificates if possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE YOUR HONEST ASSESSMENT OF THE APPLICANT WITH REGARD TO THE FOLLOWING:

Attitude to advice and authority:

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Integrity

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Self – control

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Academic ability

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Attitude to work

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Spirituality

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Ability to get along with others, especially cross-culturally

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In which area of life do you think he / she has the greatest struggle(s):

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What are his / her best attributes?

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