



NPLAD Certified Credential Fast-Track Program

Central Campus Location 6051 S. Watt Ave., Sacramento, CA 95829 www.nplad.org revras@sbcglobal.net (916) 717-6365

Student Information (STUDENT)

Date: _____

Student Name: _____

Address: _____

Hm Number: (____) _____ Cell (____) _____

Email: _____

Church Membership: _____

Student (Mr., Mrs., Ms.) _____ has petitioned acceptance in the NPLAD Fast-Track program. Administration is requesting the applicant to have one of his professors complete the following form and mail it to our office (PO Box 292758 Sacramento, CA 95829).

PASTORAL REFERENCE **(PASTOR)**

1. ¿How well do you know the applicant?

Personally Socially Casually I do not know him/her

2. Are you related to the applicant? Yes No

3. How often does he/she attend church?

Regularly Occasionally Seldom I do not know

4. How does the applicant participate in the life of the church?

5. In your opinion, Is the applicant an active worship participant?

Always Often Seldom Never I do not know

6. Have you had a personal encounter with Christ?

Yes No I do not know him/her

7. How would you describe the applicant's maturity? Very → Not Very

1 2 3 4 5 Don't Know

8. Please check all the words below which you believe accurately describe the applicant:

- Timid Gentle Impatient Modesto Impulsive
- Nervous Lovely Diplomatic Socially awkward intelligent
- Mature Sarcastic Patient Compassionate Insecure
- Kind Congenial Stubborn Studios Verbal
- Deliberate Selfish Secure Considerate Relax
- Abrasive Trustworthy Motivated Organized Angry

9. Does the applicant keep a good testimony?

- Yes No I don't know her/him

10. Is the applicant a member in good standing and what is your report of the applicant? Explain

_____.

11. Does the applicant hold positions of leadership at church? Explain _____

_____.

12. Do you (as the lead pastor) recommend the applicant? _____

_____.

_____.

13. Are you (as the pastor) willing to report to the NPLAD Fast-Track administration of any changes of standings in regards to the applicant?

Pastor's Name _____ **Firma del Pastor** _____

Pastor's Phone Number (____) _____ **Cell Phone:** (____) _____

email: _____

Church's Name _____

YES ___ with my answer I validate this recommendation for one school year (Fall to Spring) Date: _____

NO ___ with my answer I invalidate this recommendation Date: _____

Administrative NOTES for NPLAD Fast-Track program ONLY: **Date Reviewed:** _____
