



**THE MASTER'S**  
UNIVERSITY  
ITALY

**X. Confidential Spiritual Mentor Recommendation**

To be filled out by a pastor, a Bible study leader, or another spiritual mentor

\* Please complete the boxed portion above the bold line and give this sheet to your Spiritual Mentor and ask them to return it promptly to TMU Box #15.

Applicant's Name Last	First	M.I.	Applying for: (Please indicate the year) Summer_____
Applicant's Signature			Date

**Spiritual Mentor Use Only**

The candidate named above is applying to the TMU in Italy program. The staff of this program finds candid, thorough evaluations invaluable in the decision-making process. Please be so kind as to answer the following questions fully and completely to the best of your knowledge. You may include any information on the candidate that you think is pertinent. If you do not have personal knowledge of any of the aspects of the student's life mentioned below, please leave it blank and check the "Will need an update" box below. If an update is necessary, another form will be sent to you. Please be prepared to answer the questions when the update form arrives. Please return this form promptly in a sealed envelope to TMU Box #15 (21726 Placerita Canyon Rd, Santa Clarita, CA 91321).

1. How would you evaluate the student's ability to cope with the changes he/she would have to endure while attending TMU in Italy program: i.e. international travel, culture shock, living with a set group of 15 students for six weeks, etc.?

2. Please describe the student's spiritual maturity level to the best of your knowledge.

3. Can you conscientiously recommend the applicant for admission to the TMU in Italy program?

4.

Yes      Yes, with the following reservation(s):      Will need an update      No (please explain)

Spiritual Mentor's Name	Length of Time the Mentor has known the student:
Spiritual Mentor's Signature	Date