

CHRISTIAN LEADERSHIP CERTIFICATE PROGRAM (CLCP)
PASTORAL REFERENCE FORM

Please give to your pastor to complete and return to CLCP.

Applicant's Name: _____

The above person is applying for admission to the Christian Leadership Certificate Program. Part of our admissions process is the requirement that students be active members, leaders or developing leaders in their respective churches. To verify this, we ask each student to have their pastor complete this form.

Please check all of the following that apply:

- The above person regularly attends our church.
- The above person has been a member in good standing of our church for _____ years.
- He/she is a person of strong morals, Christian commitment and character.
- The above person is a leader in our church in the capacity of

- The above person is a developing leader of

- As his or her pastor, I would recommend the above person for enrollment into CLCP without reservation.

Please feel free to add any additional comments or explain any of your answers below:

Signature Title Phone

Church name Church address

Thank you for providing us with this vital information.
Please return this form to: CUBM-CLCP,
7418 Penn Avenue, Pittsburgh, PA 15208