

**TESTIMONY OF PERSONAL CALL TO VOCATIONAL
CHRISTIAN MINISTRY
(To be completed by Applicant)**

**PASTOR'S OR DEACON CHAIRMAN'S LETTER OF
RECOMMENDATION**

(To be completed by the pastor, either as a part of the application form or as a letter from the pastor mailed separately to **School of Christian Studies, East Texas Baptist University, 1209 N. Grove, Marshall, Texas 75670-1498 or Fax to 903.923.2077.**)

Church _____

Address _____ City _____ ST _____ Zip _____

Pastor Signature

Date

Pastor's Name _____

FOR OFFICE USE ONLY:

Date Received: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	_____
In-Service Guidance Director	Date

Please Mail Completed Form To:

**School of Christian Studies
East Texas Baptist University
1209 N. Grove
Marshall, Texas 75670-1498
903.923.2180
Fax: 903.923.2077
christianstudies@etbu.edu**