



Kampala Evangelical School of Theology

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Email

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CANDIDATE'S PASTOR REFERENCE

(SF 102)

Candidate's Surname	
Other Names	
Course Applied for	

The above-mentioned candidate has applied for admission to Kampala Evangelical School of Theology, and has given your name as a referee. Please fill in this form to indicate your opinion of the candidate's suitability for Christian ministerial training. If you have any questions, please do not hesitate to contact us at the address above.

Your Name	
Your Position	
Church	
How long have you known the candidate	
How has the candidate been involved in local church ministry?	
What evidence do you see of the candidate's suitability for Christian Ministry training?	

Why would you recommend the candidate to study on the Course he/she has applied for?	
PLEASE TURN OVER	
What do you see as the candidate's main strengths?	
What do you see as the candidate's main weaknesses?	
Do you expect the candidate be able to undertake diploma or degree level training?	
Any other comments about the candidate	

Your Signature	Date

Please Return to THE KEST ADMISSIONS OFFICE (address overleaf).