



**This page must be completed and signed by your pastor, church leader, or group leader.**

Student's Name: \_\_\_\_\_

**Pastor or church leader:** please complete and sign the following.

This applicant (from page 1 of this application) fulfills the following requirements necessary for admission to INSTE and/or enrollment in the Certificate Program:

- Born again and shows signs of spiritual growth.....  Yes  No
- Faithful in attendance and service to the local church.....  Yes  No
- Will be at least 16 years old before beginning the course.....  Yes  No

*Students who are 14 or 15 years old may study as Special Audit students. A parent or guardian must submit a letter of approval which states that enrollment in this program will not be detrimental to the student's schooling. See the catalog for more information.*

- Ability to read and comprehend the INSTE courses.....  Yes  No

If you recommend this student for admission to the Certificate Program, please sign below:

\_\_\_\_\_  
Pastor or Church Leader's Signature Date

\_\_\_\_\_  
Pastor or Church Leader's Printed Name