Pastor Endorsement for the GCT Certificate Program

| Date | |
|---|--------------------|
| Pastor's Name | |
| Church's Name | |
| I fully endorse (student's name) to part | icipate in the |
| Great Commission Training certificate program. I attest that this student is an | active member |
| of the church in good standing. I recommend this student to GCT and believe | he/she is an ideal |
| candidate for further discipleship and leadership development. I believe this s | tudent would |
| greatly benefit from the program, and he/she is currently serving as a leader w | vithin the church |
| or is a potential future leader. | |
| | |
| | |
| Pastor's Signature | |

Please sign and send this recommendation to Chris Smith via email to chris.smith@gcasbc.org

