

# **Pastor Reference Form**

## Applicant Information

First and Middle Name	Last Name:	
Email:	Phone:	
Street Address:	City, State, Zip:	
Degree Program:		
Desired Campus/ Cohort:		
Signature:	Date:	

In accordance with the Family Rights and Privacy Act of 1974, the applicant can waive his/her right to view this recommendation. Should the applicant decide not to waive the right, he/she will have access to the letter only if enrolled in a program at SUM Bible College and Theological Seminary.

#### 🗌 I HEREBY WAIVE my right of access to this recommendation. 🗌 I DO NOT WAIVE my right of access to this recommendation.

## **Recommender's Information**

First and Middle Nam	e	Last Name:	
Email:		Phone:	
Street Address:		City, State, Zip:	
Position / Title			
Institution:			
How long have you	known the applicant?	In what capacity?	

## **Overall Recommendation**

Recommend most enthusiastically

Recommend strongly

Recommend with confidence

Recommend

Recommend with reservation

Do not recommend

## Academic Qualifications

	Exceptional (Top 5%)	Outstanding (Next 10%)	Very Good (Upper 25%)	Average (Upper 50%)	Below Average	No basis for determination
Intellectual ability / capacity for academic work						
Ability to collaborate / relate with others in class						
Ability to work independently						
English language proficiency						
In your experience, how does this applicant compare to others?						
Vocational clarity and commitment						
Overall academic qualifications						

	Exceptional (Top 5%)	Outstanding (Next 10%)	Very Good (Upper 25%)	Average (Upper 50%)	Below Average	No basis for determination
Involvement with the church						
Financial responsibility						
Relationship with the opposite sex						
Potential for ministry						
Personal character and emotional stability						
Initiative						
Ability to cope with stress						
Leadership						
Concern for others						
Ability to accept criticism						
Attitude towards authority						
Personal appearance						
Christian life						
Reliability						
Integrity						
	1	1	I	Yes	No	Don't know
Do you believe the applicant is a committed Christian?						
Has the applicant been divorced or separated?						
If the applicant is married, is his/her spouse in full agreement with their decision to attend SUM?						
To your knowledge has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? If you responded "yes" to the previous question, please explain:						

#### Written Evaluation

Your written evaluation is extremely important to us and we will depend upon it heavily in our overall evaluation of the applicant. Please write a letter to address the candidate's strengths as well as weaknesses and areas of growth – including assets and liabilities that you believe would be helpful for an academic advisor to know. For academic references, please provide your assessment of the applicant's qualifications for graduate ministerial studies for this candidate. For ministerial references, please address the appropriateness of ministerial studies for this candidate.

# Verification

#### I hereby certify that the information I am submitting is complete and accurate.

Signature

Date

Please submit this form by email **or** mail: Email this form tor to: <u>admissions@sum.edu</u>

Mail this form to: **SUM Bible College and Theological Seminary Attn: Admissions Office** 1107 Investment Blvd, Suite 290 El Dorado Hills, CA 95762