



# CUMMINS MEMORIAL THEOLOGICAL SEMINARY

705 South Main Street  
Summerville, SC 29483

Telephone: 843-873-3451 \* Fax: 843-875-6200

## PERSONAL LETTER OF RECOMMENDATION

**TO THE APPLICANT:** Enter your full name below and indicate the year and program for which you are applying. Sign the statement below if you wish to allow a confidential recommendation by waiving your right to access. Please forward this form to the individual making the recommendation for you.

Name \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
Last First MI

Expected date of Entrance: Fall Sem. 20\_\_\_\_ Spring Sem. 20\_\_\_\_ Summer Sem. 20\_\_\_\_

Program for which you are applying:

- \_\_\_\_ Master of Divinity      \_\_\_\_ M.A., Christian Leadership      \_\_\_\_ M.A., Biblical Counseling
- \_\_\_\_ B.Th., Pastoral Ministry      \_\_\_\_ Certificate in Biblical Studies      \_\_\_\_ Certificate/Diploma, Biblical Counseling
- \_\_\_\_ Licentiate in Diaconal Ministry

### OPTIONAL WAIVER OF RIGHTS (Under the Family Educational Rights & Privacy Act of 1974)

I hereby waive my right of access to this Evaluation Form, when completed, and understand that this confidential recommendation is to be used only in consideration of my application to **Cummins Memorial Theological Seminary**.

Student's Signature: \_\_\_\_\_

### TO THE RECOMMENDER:

The person whose name appears above is applying to **Cummins Memorial Theological Seminary** and has requested that your recommendation be included as part of the information on which our Admissions Office will base its decision. Please give the Admissions Office your assistance by providing responses to the questions below. This form, when completed, should be mailed to the Office of Admissions at the address shown above. Please feel free to use an additional sheet, where necessary.

1. How long have you known the applicant and in what capacity(ies)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What characteristics do you consider to be the talents and strengths of the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What characteristics do you consider to be the weaknesses of the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How thoroughly do you think the applicant has thought about plans for theological study? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Please note any other helpful insights you might have. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give us your appraisal of the applicant in terms of the qualities listed below, using a checkmark (✓):

<b>Abilities &amp; Traits</b>	<b>Unusually Outstanding</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>No Information</b>
Academic Ability						
Creativity						
Sense of Responsibility						
Motivation						
Perseverance						
Honesty & Moral Values						
Written Communication Skills						
Oral Communication Skills						
Ability to Work Independently						
Ability to Work with Others						
Spirituality						
Mental & Emotional Stability						
Problem-Solving Skills						

Do you recommend this applicant to **Cummins Memorial Theological Seminary**?

\_\_\_\_\_ Highly Recommend

\_\_\_\_\_ Recommend but with reservation

\_\_\_\_\_ Recommend

\_\_\_\_\_ Not Recommend

Name of the Recommender: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School, Church, or Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Thank you for your assistance.***

Please return this form directly to:

**Office of Admissions  
Cummins Memorial Theological Seminary  
705 South Main Street  
Summerville, SC 29483**