



CUMMINS MEMORIAL THEOLOGICAL SEMINARY

705 South Main Street
Summerville, SC 29483
Telephone: 843-873-3451 * Fax: 843-875-6200

PASTOR'S 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 in 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 on the last sheet. 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 (✓):

Abilities & Traits	Unusually Outstanding	Superior	Good	Average	Poor	No Information
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: (_____) _____ - _____

Church or Church Position: _____

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**