



**Reformed
Episcopal
Seminary**
826 Second Avenue
Blue Bell, PA 19422
Telephone: 610-292-9852
Facsimile: 610-292-9853

**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 Middle

Mailing Address: _____

Telephone Number: _____ Email: _____

Expected date of entrance: Fall qtr. 20__; Winter qtr. 20__; Spring qtr. 20__; Summer qtr. 20__

Program for which you are applying: ___ Master of Divinity ___ Certificate ___LDM

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 Reformed Episcopal Seminary.

Signature _____

TO THE RECOMMENDER:

The person whose name appears above is applying to Reformed Episcopal 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? _____

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 out 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.

Abilities & Traits	Usually 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 Reformed Episcopal Seminary:

Highly recommended Recommended, but with reservation
 Recommended Not recommended

Name of recommender (print or type): _____

Position or title: _____

School, church, or firm: _____

Address: _____

City, state, zip code: _____

Signature of recommender: _____ Date: _____

Thank you for your assistance.

Please return this form directly to: OFFICE OF ADMISSIONS
 Reformed Episcopal Seminary
 826 Second Avenue
 Blue Bell, PA 19422
 Admissions@reseminary.edu