

Gordon-Conwell Theological Seminary–Boston

Center for Urban Ministerial Education
Centro para la Educación Ministerial Urbana

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RECOMMENDATION

Mail to: Office of Admissions, Gordon-Conwell Theological Seminary
90 Warren Street. Roxbury, MA 02119

To Be Completed By The Applicant

Name (Last, First, Middle) _____

Address _____

Phone _____ Email _____

Degree program applied for _____ Session/Year applied for _____

The Admissions Office would appreciate an evaluation from you concerning the applicant named above. This confidential recommendation will be destroyed prior to the applicant's matriculation if he or she is admitted. Please honestly complete the front and back of this form.

1. How long have you known the applicant? _____ How well? _____

2. What is the nature of your relationship? Pastor Teacher Friend Mentor
 Colleague Employer Other _____

3. How would you assess the applicant's abilities in the following areas?

	Not Observed	Weak (lower 25%)	Fair (lower 50%)	Average (top 50%)	Good (top 20%)	Outstanding (top 10%)
Intellectual ability						
Ability to work with others						
Interpersonal skills						
Christian character						
Church involvement						
Maturity						
Teachability						
Humility						
Integrity						
Intellectual curiosity						
Reliability/Responsibility						
Written communication skills in English						
Oral communication skills in English						
Perseverance						
Leadership skills						
Ministry potential						

Do you have any reservations with regard to the applicant's decision to pursue seminary education at this time in his/her life?

Yes (please comment on a separate sheet) No

Please comment on your perception of the applicant's strengths and weaknesses, readiness to begin seminary study and overall potential for Christian ministry. If there is additional information which you think will assist us in the evaluation process, please provide such information on a separate sheet.

Summary

Do not recommend Recommend with reservations Recommend with confidence Recommend with enthusiasm

Name (print) _____ Signature _____ Date _____

Gordon-Conwell Alumnus/a? Yes No

Position _____ Organization/ Church _____

Address _____

Phone (day) _____ Phone (evening) _____

E-mail _____ Fax _____

May we contact you for further information or clarification if needed? Yes No

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