



**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  
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  Diploma  Certificate in Bible & Theology

**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	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 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: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

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