

# Letter of Recommendation

**To the Applicant**

This reference form should be completed by a leader from your congregation who supports your goals for ministry. I understand that I waive my right to review this reference. \_\_\_\_\_ Yes

| Applicant's Name (Please Print) | Applicant's Signature |
|---------------------------------|-----------------------|
|                                 |                       |

**To the Recommender**

Your evaluation will be used for the purpose of helping the School for Ministry Admission Committee determine whether the applicant should be admitted to the Certificate in Pastoral Ministry Program. After the Committee has made its decision, this reference and all others submitted on the applicants behalf will be destroyed and, therefore, will not be part of the student's educational record if s/he matriculates at the School.

**Instructions: Please place an "X" in the box that represents your response.**

|   |                    |           |  |                   |
|---|--------------------|-----------|--|-------------------|
| How long have you known the applicant?                  | Less than 1 Year   | 1-3 Years | 4-5 Years  | More than 5 Years |
| What is your overall recommendation for this applicant? | Strongly Recommend | Recommend | Recommend with Reservation<br>(Please include these reservations in your written statement.) | Do not Recommend  |

Please evaluate the applicant in the following areas by placing a check in one box per row:

|                             | Exceptional | Excellent | Above Average | Average | Below Average | Unable to Assess |
|-----------------------------|-------------|-----------|---------------|---------|---------------|------------------|
| Intellectual ability        |             |           |               |         |               |                  |
| Maturity                    |             |           |               |         |               |                  |
| Ability to work with others |             |           |               |         |               |                  |
| Written communication       |             |           |               |         |               |                  |
| Oral communication          |             |           |               |         |               |                  |
| Listening skills            |             |           |               |         |               |                  |
| Integrity                   |             |           |               |         |               |                  |
| Leadership                  |             |           |               |         |               |                  |
| Commitment to Ministry      |             |           |               |         |               |                  |

**In the space below, please provide your assessment of the applicant's readiness and capacity to complete a 3-year program leading to a Certificate in Pastoral Ministry. Please comment on the applicant's strengths and weaknesses, leadership abilities, reaction to stress and usual means of resolving conflict.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

**Please also sign the back of the envelope, where the flap forms the seal. The unbroken seal with your signature ensures the confidentiality of your reference.**

**Please keep a copy of this form for your records and mail the signed original, in a sealed envelope, to**

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