



Please fill out the following form in its entirety.

**Application for Undergraduate  
Admission Addendum**

## PASTOR REFERENCE FORM

This reference form should to be completed by your pastor and mailed directly to the Admissions Office.

**TO THE APPLICANT:** Complete the following information and forward this form to your pastor (references should not be completed by a family member)

Applicant's PRINTED Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Desired Campus/Cohort: \_\_\_\_\_

I understand that this confidential statement is being submitted directly to the admissions office with the understanding that its contents will not be shared with me. I willingly waive my right to see the confidential statement submitted on this form, knowing that this waiver is not required as a condition for admission to the SUM Bible College and Theological Seminary.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE APPLICANT'S PASTOR:**

The above person is applying for admission to SUM Bible College and Theological Seminary. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be useful in helping us decide whether or not the applicant will fit into our educational program. **Please send the completed form directly to the Admissions Office.** If you are related to the applicant, this evaluation should come from another responsible person. Thank you.

**1.** How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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**2.** How well do you know the applicant?  Slightly  Casually  Well  Very Well

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**3.** To what extent is the applicant involved in your church?  No involvement  Slightly involved  Deeply involved

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**4.** In what form of Christian service has the applicant been engaged? Briefly evaluate his/her success.

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**5.** Please indicate your observations in the following areas:

Evidence of financial responsibility:

Relationship with the opposite sex:

Ability to get along with others:

Personal character, including strengths and weaknesses:

Special Abilities:

|  |          |               |            |                              |                      |
|--|----------|---------------|------------|------------------------------|----------------------|
| <b>6. Please place an X in the appropriate box.</b>  |          |               |            |                              |                      |
|  | Yes      | No            | Don't Know |                              |                      |
| Do you believe the applicant is a committed Christian?   |          |               |            |                              |                      |
| In your judgment, does the applicant possess the fitness and aptitude for college?   |          |               |            |                              |                      |
| Is the applicant emotionally qualified for full-time Christian service?  |          |               |            |                              |                      |
| Has the applicant been divorced or separated?  |          |               |            |                              |                      |
| If the applicant is married, is his/her spouse in full agreement with their decision to attend SUM Bible College?                            |          |               |            |                              |                      |
| To your knowledge has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?                                       |          |               |            |                              |                      |
| If you responded "yes" to the previous question, please explain:   |          |               |            |                              |                      |
|  |          |               |            |                              |                      |
| <b>7. How would you rate this person in the following areas? Please place an X in the appropriate box.</b>                                   |          |               |            |                              |                      |
|  | Superior | Above Average | Average    | Inferior                     | No chance to observe |
| Mental Ability   |          |               |            |                              |                      |
| Initiative   |          |               |            |                              |                      |
| Emotional Stability  |          |               |            |                              |                      |
| Ability to Cope with Stress  |          |               |            |                              |                      |
| Leadership   |          |               |            |                              |                      |
| Concern for Others   |          |               |            |                              |                      |
| Ability to Accept Criticism  |          |               |            |                              |                      |
| Cooperation  |          |               |            |                              |                      |
| Attitude towards Authority   |          |               |            |                              |                      |
| Personal Appearance  |          |               |            |                              |                      |
| Christian Life   |          |               |            |                              |                      |
| Reliability  |          |               |            |                              |                      |
| Integrity  |          |               |            |                              |                      |
| <b>8. Knowing the applicant as you do, what recommendation would you make?</b>   |          |               |            |                              |                      |
| <input type="checkbox"/> Strongly recommend <input type="checkbox"/> Recommend with reservations <input type="checkbox"/> I do not recommend |          |               |            |                              |                      |
| Comments:  |          |               |            |                              |                      |
|  |          |               |            |                              |                      |
| Do you have additional information you would like to convey by telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No           |          |               |            |                              |                      |
| If yes, telephone number _____   |          |               |            |                              |                      |
| <b>PASTOR'S INFORMATION:</b>   |          |               |            |                              |                      |
| Pastor's PRINTED Name:   |          |               |            | Title or Position in Church: |                      |
| Church Name:   |          |               |            |                              |                      |
| Physical Address:  |          |               |            | Denomination:                |                      |
| City:  | State:   | Zip Code:     |            |                              |                      |
| Mailing Address:   |          |               |            | Church Phone: (    )         |                      |
| Signature:   |          |               |            | Date:                        |                      |

**Fax or mail this form to:**  
**SUM Bible College and Theological Seminary**  
**Attn: Admissions Office**  
 735 105th Avenue  
 Oakland, CA 94603  
 Fax: 510-568-1024  
 Your comments will receive our full consideration.