



Educator Reference Form

Applicant Information

First and Middle Name		Last Name:	
Email:		Phone:	
Street Address:		City, State, Zip:	
Degree Program:			
Desired Campus/ Cohort:			
Signature:		Date:	

In accordance with the Family Rights and Privacy Act of 1974, the applicant can waive his/her right to view this recommendation. Should the applicant decide not to waive the right, he/she will have access to the letter only if enrolled in a program at SUM Bible College and Theological Seminary.

I HEREBY WAIVE my right of access to this recommendation. I DO NOT WAIVE my right of access to this recommendation.

Recommender's Information

First and Middle Name		Last Name:	
Email:		Phone:	
Street Address:		City, State, Zip:	
Position / Title			
Institution:			

How long have you known the applicant?

In what capacity?

Overall Recommendation

- Recommend most enthusiastically
- Recommend strongly
- Recommend with confidence
- Recommend
- Recommend with reservation
- Do not recommend

Academic Qualifications

	Exceptional (Top 5%)	Outstanding (Next 10%)	Very Good (Upper 25%)	Average (Upper 50%)	Below Average	No basis for determination
Intellectual ability / capacity for graduate work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to collaborate / relate with others in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your experience, how does this applicant compare to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational clarity and commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall academic qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Evaluation

Your written evaluation is extremely important to us and we will depend upon it heavily in our overall evaluation of the applicant. Please write a letter to address the candidate's strengths as well as weaknesses and areas of growth – including assets and liabilities that you believe would be helpful for an academic advisor to know. For academic references, please provide your assessment of the applicant's qualifications for graduate ministerial studies for this candidate. For ministerial references, please address the appropriateness of ministerial studies for this candidate.

Verification

I hereby certify that the information I am submitting is complete and accurate.

Signature		Date	
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Please submit this form by email **or** mail:
Email this form to: admissions@sum.edu

Mail this form to:
SUM Bible College and Theological Seminary
Attn: Admissions Office
1107 Investment Blvd, Suite 290
El Dorado Hills, CA 95762