

Pastoral Reference Letter

Prospective Student: Please complete the first section of this form, and then give it to your pastor.

Statement of Release: I am authorizing the release of the following information to be considered for admission to Southwest Georgia Theological Seminary. I understand that the information will be held in confidence by the Seminary and will not be released to me or to anyone else.

Applicant's Name: (please print) _____

Applicants Signature: _____

Date: _____

Pastor: Please complete the following section of this form. **Do not return it to the applicant.** After completion, please mail the forms to Southwest Georgia Theological Seminary, PO Box 45, Sylvester, GA 31791.

How long have you known the applicant? _____

List any special needs the applicant may have:

List any outstanding traits:

Why do you think this applicant would make a good student at SGTS?

List any significant factors in applicant's background we need to know about:

Name of Church: _____

Telephone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

X

P a s t o r

D a t e