

Request for Recommendation by Applicant for C.H. Mason Jurisdictional Institute
To be completed by applicant: please print or type

Name of Applicant: _____
 First Name MI Last Name

 Street address or P.O. Box

 City State Zip code Telephone Number

I waive the right to review this recommendation.

 Signature of Applicant

To the recommender:

Please complete and return this form by: July 25th to:

Elder Billy Ray Brown, Assistant Dean
 ChMJI-MSFEJ
 PO Box 2618
 Jackson, MS 39207
 Email: info@mscsem.com
 Phone: 601-506-8743
 Or
 Complete online: mscsem.com

Applicants for the C.H. Mason Jurisdictional Institute should have recommendations submitted by their Pastor (or his designee) who can give a frank appraisal of the applicant's character, personality, abilities, call into ministry, and/or quest for greater biblical knowledge

For the recommender to complete:

I have known the applicant for approximately _____ (months) (years).

My relationship to the applicant was/is in the following capacity:

____ Pastor
 ____ other (please specify) _____

I know him/her ____ very well ____ fairly well ____ only casually

Do you believe the applicant knows Christ as Savior? ____ Yes ____ No ____ I Do Not Know

Is the applicant living a consistent Christian life? ____ Yes ____ No ____ I Do Not Know

Do you have any reason to question the applicant's moral life? ____ Yes ____ No If yes, please explain:

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weakness which you feel would hinder his/her ability to perform effectively in an academic setting?

(Please turn this page over and complete the items on the back of this form)

