

To be completed by Seminary Faculty

Board of Ordained Ministry  
East Ohio Conference  
The United Methodist Church



Academic Recommendation

Revised June 2008

Applicant's Name: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Number of years you have known applicant: \_\_\_\_\_ In what capacity: \_\_\_\_\_

This evaluation form is to be completed by the appropriate seminary faculty member in order to provide the East Ohio Annual Conference Board of Ordained Ministry some of the insights and information necessary as it considers this applicant's request for Provisionary Membership. Please send the completed form to the Registrar of Elders.

Rev. Dr. Gordon Myers, Registrar of Elders  
1234 North 12<sup>th</sup> Street  
Cambridge, OH 43725

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I hereby authorize \_\_\_\_\_ (Seminary) to release the information requested below to the person named above.  
  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to the applicant:** Please take this form to the designated faculty member (or administrator) of the seminary you attend for completion, and have it sent to the Registrar of the East Ohio Conference Board of Ordained Ministry (address provided above).

Note to the person completing this form:

Do not return this form to the applicant.  
Please send it directly to the Board of Ordained Ministry official named above.

**Remember :**  
**It is the applicant's responsibility to arrange separately with the Registrar of the seminary to have a copy of the applicant's latest academic transcript sent directly to the Board of Ordained Ministry.**

