



The Certification Program

Pastor/Pastoral Administrator Recommendation Form

Candidate: _____ Ministry Area: _____

To the individual completing this recommendation:

You are being asked to provide a recommendation regarding the candidate named above. They have expressed an interest in pursuing _____ Certification at St. Bernard's. Your honest input, including a description of the candidate's strengths and weaknesses, is needed to assist us in evaluating this individual's candidacy. Would you support this person's desire to serve within the area of ministry selected?

Thank you for assisting us with our admissions process.

TO BE COMPLETED BY CANDIDATE:

I, _____, do do not waive rights of access to the recommendation submitted here as provided in the Family Education and Privacy Act of 1974.

Signature of Candidate

(Please use back of sheet for additional space)

Candidate's Pastor/Pastoral Administrator

Length of Time You Have Known Candidate

Printed Name

Parish

Signature

Date

(_____) _____
Contact Phone

Please complete at your earliest convenience and return **directly** to:

Charmel Trinidad
St. Bernard's School of Theology & Ministry
120 French Road, Rochester, NY 14618
(585) 271-3657, ext. 289 ♦ (585) 271-2045 (fax) ♦ www.stbernards.edu ♦ e-mail: ctrinidad@stbernards.edu