

BOSTON CAMPUS

GORDON CONWELL
THEOLOGICAL SEMINARY

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**CHURCH
ENDORSEMENT**

Master's Degree Programs

Mail to: Office of Admissions, Gordon-Conwell Theological Seminary
90 Warren Street, Roxbury, MA 02119

To Be Completed By The Applicant

Name (Last, First, Middle) _____

Address _____

Phone _____ E-mail _____

Degree program applied for _____ Session/Year applied for _____

Church Official: Please complete the appropriate section below with regard to the applicant identified above. Our primary desire is to admit those who are regarded by their churches to be called by God to Christ-centered ministry.

1. Applicant's involvement in ministries of the church:

- Not involved Somewhat involved Involved Very involved

2. The student is seeking training for:

- Ordination or ministerial leadership Christian ministry other than ordination

Church Name

We, the body of _____

affirm that _____ Student Name _____ is a (member/faithful attendee) in good standing with the church body.

We believe him/her to be a genuine Christian, possessing the spiritual, emotional and moral character necessary for Christian ministry.

Furthermore, we recognize the candidate's potential for effective Christian leadership and endorse him/her for seminary training.

Name of church official _____

Signature of church official _____ Date _____

Position _____ Denomination _____

Church Address _____
