

**Due to The Center for Clergy Excellence by December 1**  
**The United Methodist Church Theological School Recommendation**  
**form for Ordination & Conference Membership - **REQUIRED****

Candidate's Name: \_\_\_\_\_

Theological School: \_\_\_\_\_

Faculty Recommender's Name: \_\_\_\_\_

**Release Information**

I hereby authorize the release of this information to the Registrar of the Board of Ordained Ministry of The North Georgia Conference as requested. Recognizing the confidential nature of this recommendation,

***I DO*** waive all rights of access to this report without the written consent of the person providing the information.

***I DO NOT*** waive all rights of access to this report without the written consent of the person providing the information.

**Required Signature**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*Signature of candidate requesting recommendation*

**Directions:**

1. Have the Theological School send your academic transcript directly to the Registrar of the Board of Ordained Ministry at [clergyexcellence@ngumc.org](mailto:clergyexcellence@ngumc.org) or by mail to the Center for Clergy Excellence, 1700 Century Circle NE, Suite 100, Atlanta, GA 30345.
2. Give a **SIGNED** copy of this Recommendation Form to your faculty advisor or another faculty member of the theological school for completion and have it sent directly to the Registrar of the Board of Ordained Ministry via email at [clergyexcellence@ngumc.org](mailto:clergyexcellence@ngumc.org) or by mail to the Center for Clergy Excellence, 1700 Century Circle NE, Suite 100, Atlanta, GA 30345.
3. Authorize the release of information by signing the release statement above.

**Instructions to the Theological School Representative**

1. The Board of Ordained Ministry is interested in any personal insights you can provide about the candidate in the following areas:
  - a. Academic ability and performance
  - b. Personal qualities and character
  - c. Spiritual maturity and insight
  - d. Field education experience and effectiveness
2. Attach all comments or reports you believe will be helpful in the decision-making process.
3. Return this form and any attachments **NO LATER THAN December 1** directly to: BOM Registrar, Center for Clergy Excellence via email to [clergyexcellence@ngumc.org](mailto:clergyexcellence@ngumc.org) or by mail to 1700 Century Circle NE, Suite 100, Atlanta, GA 30345.

*Please attach your recommendation letter.*

Do you consider the candidate ready for ordination and conference membership in The United Methodist Church?       Yes       No

Recommendation Submitted By: \_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Printed Name*

Theological School Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone: \_\_\_\_\_