



SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY

PROSPECTIVE TH.M. STUDENT INTERVIEW

MAJOR PROFESSOR EVALUATION

Name of Student: _____

Concentration: _____

Date of Meeting: _____

Name of Professor: _____

*As you meet with the applicant, please state your evaluation of the student's suitability for Th.M. studies.
Please return this form to the Admissions Office.*

Academic Background:

Personal Background:

Possible Research Area:

Evaluation of Suitability:

Check one: (Professor Use Only)

- I am able to work with this student.
- I am not able to work with this student.

Professor's Signature