



South Carolina Conference
The United Methodist Church

**Other Methodist – Other Non Methodist Denomination
DISTRICT SUPERINTENDENT
TRANSFER RECOMMENDATION**

*Required when Candidate is Seeking Full Membership/Ordination
Welcomed and Encouraged Annually even in years where a change of status is not sought*

CANDIDATE'S FULL NAME (FIRST MIDDLE LAST, SUFFIX)

DISTRICT

PRESENT APPOINTMENT: _____

Date appointed: _____

_____ **Recommend approval of transfer request**

_____ **Do not recommend approval of transfer request**

If DS cannot recommend ordination, state clearly the reasons why.

Date:

DS Signature

OE/OF Pastor's Signature
signature indicates knowledge of DS response, not agreement.