



LETTER OF RECOMMENDATION

for Theological Studies

I. TO BE COMPLETED BY THE APPLICANT

Complete this section, including your signature before giving the form to your recommender. Please type or print clearly.

Type of reference: Pastor/Church Official Professor/Colleague Friend/Associate

Name (Last, First, Middle)

Address

Phone

E-mail

Confidentiality

Under the provisions Family Educational Rights and Privacy Act of 1974, registered students and alumni have access to their educational records, including letters of recommendation for admission. The Act further provides that applicants may waive that right in order to offer confidentiality to those making a recommendation. Please indicate your decision in this matter and sign.

Degree Sought

Master of Divinity Christian Leadership Master's Program
 Master of Theological Studies

I waive I do not waive any right to access this recommendation form

Signature

Date

II. TO THE RECOMMENDER (Please attach a separate letter to this form)

The Admissions Committee at The John Leland Center for Theological Studies asks that you help us evaluate this applicant by completing all sections of this reference form, which includes writing a letter of recommendation and attaching it to this form. The committee kindly requires that you submit the recommendation form and letter via regular mail or fax only.

Letter of Recommendation

In your letter, please address the following matters:

Give an account of the applicant's qualifications for graduate theological studies. Describe strengths and weaknesses, considering such things as ability, vocational clarity, integrity and other significant character traits. Indicate any reservations you may have. Include additional comments that you think will be helpful.

Inquiries

1. How long and in what context have you known the applicant? _____

2. Please rank the applicant	Inadequate	Doubtful	Adequate	Above Average	Exceptional	Unknown
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Name Last

First

Title/Position

E-mail

Street Address

City

State

Zip

Phone

Signature

Date

Please return completed form and attached letter directly to:

Office of Admissions, 1306 N. Highland St., Arlington, VA 22201 or 703-812-4764(fax)