



# 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

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.

**Graduate Program**

- Graduate Certificate in Theological Studies
- Graduate Special Student
- Visiting Special Student
- Auditor

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 fax to 703-812-4764