



JOHN  
LELAND  
CENTER

# LETTER OF RECOMMENDATION FORM

for Theological Studies

**I. TO 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

**Degree Sought**

Master of Divinity

Master of Divinity with Certificate in Leadership Studies

Master of Theological Studies

Master of Christian Leadership

Graduate Certificate in Leadership Studies

Graduate Certificate in Theological Studies

**Confidentiality Notice**

Under the provisions of the 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 whether you waive such right and sign and date below:

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

Signature

Date

**II. TO THE RECOMMENDER:** The Admissions Committee of the John Leland Center for Theological Studies asks that you help us evaluate this applicant by completing the Inquiries section below **and** submitting a letter of recommendation on their behalf. Please submit both the form and letter via regular mail, fax, or you may scan and email them to us with "Recommendation for APPLICANT'S NAME" in the subject field.

**Letter of Recommendation - Please address the following in your letter:**

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	Below Average	Average	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 Enrollment, 1306 N. Highland St., Arlington, VA 22201 or 703-812-4764(fax) or enrollment@leland.edu