

academic reference

Applicant Information *(to be filled out by the applicant)*

Name: _____

Address: _____

Number, Street, and Apt # City State/Province Zip/Postal Code Country

Degree being pursued: Master of Divinity Master of Theological Studies

Notice: The Family Educational Rights and Privacy Act of 1974, as amended, gives students the right to review their official educational records, including letters of recommendation. You may waive your right to view this recommendation by signing below. Signing the waiver is not a requirement for admission.

Waiver: By signing this waiver, I hereby voluntarily waive any right or privilege provided by the Family Educational Rights and Privacy Act of 1974, as amended, to inspect or challenge the contents of this letter of recommendation. I expect this letter of recommendation to remain confidential between the writer and the person or organization receiving the recommendation.

Signature
Date

The admissions committee would appreciate your help as we assess this student's fitness for pursuing seminary study.

How long have you known the applicant? _____

Please state in what capacity and how well you have known the applicant _____

Characteristics

Below are various characteristics that may affect the applicant's success in graduate studies. Please evaluate the applicant, indicating his or her strengths and weaknesses by checking the appropriate box to the right of each characteristic.

	Not Observed	Weak	Fair	Good	Excellent
Academic Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness in completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with peers	<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"/>
Ability to Accept Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

What is your overall evaluation of the applicant?

What are the applicant's strengths?

Please list any areas in which the applicant may need improvement as a student.

Please offer any additional comments you may have.

In summary,

- I recommend this applicant with enthusiasm
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant
- Please contact me for further information

Information about the Reference *(to be filled out by the recommender)*

Reference Name: _____
Phone Number

Reference Address: _____
Street Address City State/Province Zip/Postal Code

Title: _____ Institution: _____

Signature Date

After completing this form, please mail it to the Registrar at Mid-America Reformed Seminary or email to admissions@midamerica.edu.