SMU | PERKINS
SCHOOL OF THEOLOGY

LETTER OF RECOMMENDATION

SOUTHERN METHODIST UNIVERSITY
PERKINS SCHOOL OF THEOLOGY

TO THE APPLICANT (Please type or print clearly)

Complete this section, including your signature, before giving the form to your recommender.

Type of reference: ☐ Pastor
☐ Professor/Employer
☐ Lay Leader

NAME Last (Surname) First Middle

Confidentiality

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 your decision in this matter and sign.

Degree Sought

☐ Master of Divinity ☐ Master of Theological Studies ☐ Master of Church Ministries
☐ Master of Sacred Music ☐ Nondegree Student

☐ I WAIVE ☐ I DO NOT WAIVE any right to access this recommendation form.

SIGNATURE DATE

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

The Admissions Committee at Perkins School of Theology asks that you help us to 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.

For international recommenders, in your letter, please also describe the applicant's willingness to return to his/her home country after completion of a degree program and the type of ecclesiastical service you anticipate for him/her.

Inquiries

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

2. Among others with similar skills whom you have known, how would you rank this applicant? ____ Upper 10% ____ Upper 25% ____ Upper 50% ____ Lower 50%

3. Please rank the applicant

	Inadequate	Doubtful	Adequate	Above Average	Exceptional	Unknown
Academic ability	☐	☐	☐	☐	☐	☐
Emotional stability	☐	☐	☐	☐	☐	☐
Level of maturity	☐	☐	☐	☐	☐	☐
Leadership ability	☐	☐	☐	☐	☐	☐
Clarity of purpose	☐	☐	☐	☐	☐	☐
Faith commitment	☐	☐	☐	☐	☐	☐

YOUR NAME Last First Title/Position E-mail

ADDRESS Street City State ZIP/Postal Code Phone Number

SIGNATURE DATE

Please return completed form and attached letter directly to

Office of Admissions and Financial Aid, Perkins School of Theology, Southern Methodist University, PO Box 750133, Dallas TX 75275-0133
5915 Bishop Blvd. ▪ Dallas TX 75205
214.768.2293 ▪ 1.888.THEOLOG(Y) ▪ 214.768.THEO ▪ Fax: 214.768.4245 ▪ smu.edu/perkins

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