

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 (M.Div.) Master of Theological Studies (M.T.S.) Master of Arts in Ministry (M.A.M.)
 Master of Sacred Music (M.S.M.) Master of Theology (Th.M.) Non-degree 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 (you may fax the recommendation form and letter if followed with the original in the mail).

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

- How long and in what context have you known the applicant? _____
- Among others with similar skills whom you know, how would you rank this applicant?
 Upper 10% Upper 25% Upper 50% Lower 50%
- 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 Address _____

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 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