ST. MARY'S SEMINARY & UNIVERSITY
Ecumenical Institute of Theology
5400 Roland Avenue ◆ Baltimore, MD 21210-1994 ◆ 410-864-4200

Recommendation for Graduate Study

To be completed by the applicant. *Please print or type.*

Name: _____ SSN: _____
First M.I. Last

Address: _____

_____
City State Zip

I intend to pursue the following program:

___ **M.A. in Theology** ___ **M.A. in Church Ministries** *Track:* _____ ___ **C.A.S.**

Graduate Certificate: ___ Biblical Studies ___ Parish Nursing (basic) ___ Parish Nursing (advanced)
___ Religious Education ___ Spirituality ___ Urban Ministry ___ Youth Ministry

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The Family Education Rights and Privacy Act of 1974 grants students and graduates the right of access to letters and recommendations in their files. The opportunity to waive that right is also provided.

_____ I hereby waive my right of access to this recommendation.

_____ I do not waive my right of access to this recommendation.

_____ _____
Signature Date

To be completed by the recommender. *Please print or type; use separate sheet if necessary.*

How long and in what capacity have you known the applicant?

We would appreciate your frank appraisal of the qualities and potential of the applicant. Please include your assessment of her/his strengths and weaknesses in the following categories:

1. Native intellectual ability and level of achievement in previous academic work

2. Interest, motivation, enthusiasm, and industry

3. Ability to communicate orally and in writing

4. Emotional stability, maturity, integrity, and leadership

5. Other information or comments that might help us in our consideration of the applicant

6. Potential for effective ministry (for M.A. in Church Ministries and Certificate applicants)

7. In comparison with others you have known of similar age, experience, and interest, how would you rank the applicant in terms of overall potential for serious graduate studies? Please circle one of the following:

Below Average Average Above Average Very Good Outstanding Truly Exceptional

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Name of Recommender: _____

Address: _____

_____

City State Zip

Position: _____ Daytime Phone: _____

Institution: _____

_____ _____

Signature of Recommender Date

Your thoughtfulness and care in furnishing this information are sincerely appreciated.