

St. Mary's Ecumenical Institute

5400 Roland Avenue ♦ Baltimore, MD 21210-1994 ♦ 410-864-4200

Doctor of Ministry Progam

Cover page for all Letters of Recommendation

All letters of recommendation must be accompanied by a completed cover page.

To be completed by the appli	cant. PLEASE PRINT.	
Name:		
First	M.I. Last	
Address:		
City	State Zip	
Type of letter being requested	1:	
Character and Ability:	written by any non-relative who knows the applicant's characteristics.	ter and abilities well
Ministerial Context: wasituation well	ritten by a non-relative ministry peer or supervisor who know	s your ministry
	nd Privacy Act of 1974 grants students and graduates the right of accessons in their files. The opportunity to waive that right is also provided.	s to letters and
I hereby waive my rig	ht of access to this recommendation. (recommended)	
I do not waive my rig	ht of access to this recommendation.	
	Signature	Date
Name of Recommender:		
Address:		
City	State Zip	
Position:	Daytime Phone:	
Institution:		

Please attach this form to your letter of recommendation and mail to:

St. Mary's Ecumenical Institute Attn: Office of Admissions 5400 Roland Ave Baltimore, MD 21210