



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

Name:

First M.I. Last

Address:

City State Zip

I intend to pursue the following program:

M.A. in Theology M.A. in Christian Ministries C.A.S. (Track:)

Graduate Certificate: Biblical Studies Spirituality CONNECT: Faith, Health & Medicine

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

Name of Recommender:

Address:

City State Zip

Position: Daytime Phone:

Institution:

Recommender: please complete the reverse side and sign and date this form.

To be completed by the recommender.

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, circling the appropriate number.

	Not Appli- cable or Unknown	Below Aver- age	Average	Above Average	Very Good	Outstand- ing	Truly Exceptional
Basic intellectual ability	0	1	2	3	4	5	6
Previous academic achievement	0	1	2	3	4	5	6
Interest & enthusiasm for learning	0	1	2	3	4	5	6
Motivation & industry in pursuing goals	0	1	2	3	4	5	6
Ability to communicate orally	0	1	2	3	4	5	6
Ability to communicate in writing	0	1	2	3	4	5	6
Emotional stability & maturity	0	1	2	3	4	5	6
Integrity	0	1	2	3	4	5	6
Openness to ecumenical discussions	0	1	2	3	4	5	6
Potential for leadership	0	1	2	3	4	5	6
Evidence of willingness to grow spiritually	0	1	2	3	4	5	6
Overall Rating of Candidate		1	2	3	4	5	6

Signature of Recommender

Date

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

Please return to: gzook@stmarys.edu

Office of Admissions

St. Mary's Ecumenical Institute

5400 Roland Avenue

Baltimore, MD 21210-1994