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 applicant. ***PLEASE PRINT.***

Name: _____
First M.I. Last

Address: _____

_____
City State Zip

Type of letter being requested:

___ **Character and Ability:** written by any non-relative who knows the applicant's character and abilities well

___ **Ministerial Context:** written by a non-relative ministry peer or supervisor who knows your ministry situation well

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. (recommended)

_____ I do not waive my right 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