

Letter of Recommendation

To the Applicant

Complete the information below and give this form to your recommender with a reply envelope. The recommender should return the letter to you for inclusion with other application materials you are submitting to the University.

Applicant's Name _____

Degree program to which you are applying and area of specialization _____

In accordance with provisions of the Federal Education and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they explicitly waive that right.

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

Signature _____ Date _____

To the Recommender

Since letters of recommendation play an important role in the Divinity School's admissions process, we appreciate your candid assessment of the candidate's capacities and motivation for graduate study in religion. Please indicate in what capacity you have known the applicant. In your judgment, does the applicant demonstrate the personal and intellectual qualities required in a demanding graduate program? How does the applicant compare with other students who have entered such programs? What are the applicant's academic strengths and weaknesses?

Please attach your letter to this form. Return the letter directly to the applicant sealed in the envelope provided, after signing your name across the flap. Thank you for your assistance.

Name of Recommender _____ Date _____

Signature _____ Position _____

Institution _____

Institution Address _____