



Recommendation Form

To supplement application for admission
PLEASE TYPE OR PRINT

Name of Applicant _____
Last/Family
First
Middle
Former Name (if any)

Current Address _____

Degree Program _____
(M.Div., M.A., D.Min., Special)

Recommender's Name _____

To the Applicant:

The Educational Rights and Privacy Act, as amended, allows a candidate for admission to waive her/ his rights of access to confidential letters or statements written on his/her behalf if the recommendation is used solely for purposes of admission or financial aid and if the candidate, upon request, is notified of the names of all persons making such recommendations on her/his behalf. The school does not require that you make such a waiver as a condition for admission or financial aid. Under the legislation you are free to choose to maintain your right of access to this recommendation or waive that right.

I hereby waive my right of access to this recommendation and authorize the person named above to provide a candid evaluation of all relevant information to Andover Newton Theological School.

Date _____ Signature _____

I do not waive my right of access to this recommendation and authorize the person named above to provide a candid evaluation of all relevant information to Andover Newton Theological School.

Date _____ Signature _____

To the Recommender:

If the applicant has not signed this form on one of the lines above indicating his/her choice regarding access, please return the form to the applicant before completing the recommendation.

Please rate the applicant in comparison to others of similar age and position whom you have known:

	Superior	Excellent	Above Average	Average	Below Average	No basis for judgment
Ability in oral expression						
Ability in written expression						
Perseverance						
Emotional maturity						
Imagination and probable creativity						
Effectiveness in working with others						
Past performance as a leader						
Potential as a leader						
Participation/contribution to community						

(over)

To the Person Making the Recommendation:

The applicant wishes your response to be considered as part of her/his application, which will not be regarded as complete until your recommendation is received. If you will be making an academic recommendation, we would appreciate knowing about specific intellectual abilities and accomplishments. If you are making a general recommendation, reference to the applicant's maturity, social sensitivity, interpersonal skills, ability to work in a diverse environment and promise for vocation are helpful. We encourage frank statements regarding the applicant's limitations and the probable effect of these limitations on the applicant's ability to do graduate work and future ministry. Feel free to submit your statement on a separate page.

Please print or type:

Name

Position

Organization

Address

Phone/e-mail

Signature

Date

Please call me. I would like to make additional comments beyond those I have provided here.

Andover Newton does not discriminate on the basis of sex, sexual orientation, age, race, color, national or ethnic origin, or handicap in administration of its admissions or educational policies, scholarship and loan programs, other School-administered programs, or in employment.

Please mail this statement directly to:

Andover Newton Theological School
The Admissions Office
210 Herrick Road
Newton Centre, MA 02459-2243
USA
Fax (001) 617-831-1630