



Letter of Recommendation

To be completed by Applicant

Applicant's Name (please Print) _____

Applicant's Address _____ Phone Number _____

Term and Year of Enrollment _____/20 _____

Degree Program _____ M.Div. _____ M.T.S. _____ Non Degree

Recommender's Name (please print) _____

Reference Type _____ Character _____ Academic _____ Church

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which give students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

_____ I waive my right to examine this letter.

Applicant's signature _____

_____ I do not waive my right to examine this letter.

Applicant's signature _____

To be completed by the Recommender

We ask you to give your candid, honest and thoughtful opinion of the applicant's ability and qualifications for seminary or graduate study by responding to the questions below. Since Hood Theological Seminary is in compliance with section 504 of the Rehabilitation Act of 1973 and does not discriminate on the basis of disability in admission or access to its programs, do not refer directly or indirectly to an applicant's disability. Please sign and date your recommendation and mail it in the provided envelope.

This recommendation remains confidential during the admission process. If the applicant has not waived his or her right to see this recommendation, your letter will become accessible to the applicant. If the applicant enrolls in this school, your letter will be included in the student's record.

