

Letter of Recommendation

To be completed by Applicant	
Applicant's Name (please Print)	
Applicant's AddressPhone 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 review their education records, students may waive their right to see specific confidential statements and letters recommendation. In the belief that applicants and persons from whom they request evaluations may wish to preconfidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:	of
I waive my right to examine this letter. Applicant's signature	
I do not waive my right to examine this letter.	

To be completed by the Recommender

Applicant's signature _____

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.

RECOMMENDATION

CONFIDENTIAL STATEMENT CONCERNING:

Applicant's First Name	Applicant's First Name Applicant's Middle Name Applicant's Last Name			Applicant's Last Name			
A. How long and in what capacity	have you known the applic	ant?					
B. Please complete the personality							
5=exceptionally high 4=above		2=below av	verage 1=p	oor 0=no	basis for e	valuation	
PERSONAL TRA	AITS 5	4	3	2	11	0	
Personal Integrity Social and emotional							
Ability to work others							
with peers							
with supervisors							
Motivation							
Leadership qualities							
Community involvement							
Communication skills							
oral							
writing							
Scholastic aptitude							
Perseverance toward goal attainment							
C. What are the applicant's streng	gths?						
D. What are the applicant's weak	nesses?						
E. Indicate strength of your endo							
Not recommended	Recomme						
Recommended	Highly Re	ecommende	ed				
F. If there is other information at recommendation.	pout the applicant you wish	us to know,	, please inc	lude it with	this		
Recommender's Sig	nature				Date		

Please mail this form or statement to the Office of Recruitment and Admissions, Hood Theological Seminary 1810 Lutheran Synod Drive, Salisbury, NC 28144 admissions@hoodseminary.edu or Fax 704-636-7685