



RECOMMENDATION FORM

Name of Applicant: _____

- Degree Program: Master of Divinity Master of Arts Doctor of Ministry
- Master of Divinity/Master of Arts in Leadership Studies Dual degree
- Master of Arts in Leadership Studies

Recommender's Name: _____

TO THE APPLICANT

The Family Educational Rights and Privacy Act (FERPA), 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. According to Meadville Lombard's Records Retention Policy, letters of recommendation will be destroyed upon a student's matriculation UNLESS the student does NOT waive his/her right to access.

The school does not require that you waive your right to access as a condition for admission or financial aid. Under FERPA you are free to choose to maintain your right of access to this recommendation or waive the right.

Yes, I waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

Signature: _____ Date: _____

No, I do *not waive* my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Signature: _____ Date: _____

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.

If the applicant has signed, please continue on to the next page.

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. These letters of recommendation play an important role in Meadville Lombard’s admissions process and we appreciate your candid assessment of the applicant’s capacities and motivation for religious leadership and for graduate work in religious studies.

In your letter of recommendation, please indicate in what capacity you have known the applicant (i.e., the applicant is/was a student of yours, a member of the congregation you served as minister, friend, etc.). If you are providing an academic recommendation, we would appreciate knowing about specific intellectual abilities and accomplishments. If you are making a general recommendation, we would be interested in your perception of the applicant’s maturity, social sensitivity, interpersonal skills, ability to work in a diverse environment, and promise for professional ministry. What do you perceive are the applicant’s academic and/or personal strengths and weaknesses? (Feel free to submit your statement on a separate piece of paper.)

Please print or type:

Name of Recommender: _____

Position/Title: _____

Institution Name: _____

Institution Address: _____

Phone/email: _____

Recommender Signature: _____ Date: _____

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

Meadville Lombard does not discriminate on the basis of sex, sexual orientation, age, race, color, national or ethnic origin, or disability 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:

Meadville Lombard Theological School
Attention: Admissions Office
610 South Michigan Avenue | Chicago, IL 60605
312-212-0674 | Fax: 312-327-7068