



THIS PORTION TO BE COMPLETED BY APPLICANT (PLEASE TYPE OR PRINT CLEARLY):

Name _____
Last First Middle/Maiden

Address _____
City State/Province Zip/Postal Code Country

Phone _____ Anticipated Program of Study _____

Notice: Public Law 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

Waiver Form: I, the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Signature _____ Date ____ / ____ / ____

(The signing of this waiver is voluntary; i.e., it is not required as a condition for admission. It is a matter between the applicant and the person completing the recommendation.)



ACADEMIC REFERENCE

Please note the provision of the Family Education Rights and Privacy Act of 1974 as listed above. Although the applicant may voluntarily waive the right to review this recommendation, it is hoped that a spirit of openness and candor will exist between the applicant and the recommender regarding the contents of this recommendation. The above-named applicant has given your name as a professor acquainted with the applicant's academic work. We are primarily interested in the applicant's ability to do independent research and to present the conclusions of that research clearly and persuasively. Applicants to the doctoral program should be able to interact creatively with current scholarship and should give promise of making an original contribution in the biblical or theological field.

1. How long have you known the applicant? _____ How well? Very well Rather Well Casually Not well

In what capacity? _____

2. In how many of your courses has the applicant enrolled? _____ Graduate or Undergraduate? _____

3. Among upper-division college students or seminarians, the applicant's ability rates in the:

Top 2% Top 10% Top 25% Top 50% Bottom 50%

4. How would you assess the applicant's abilities in the following areas?

	NOT OBSERVED	WEAK <small>(Lower 25%)</small>	FAIR <small>(Middle 50%)</small>	GOOD <small>(Top 25%)</small>	EXCELLENT <small>(Top 10%)</small>	OUTSTANDING <small>(Top 2%)</small>	COMMENTS
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____



REFERENCE



	NOT OBSERVED	WEAK (Lower 25%)	FAIR (Middle 50%)	GOOD (Top 25%)	EXCELLENT (Top 10%)	OUTSTANDING (Top 2%)	COMMENTS
Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Research work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. Please use this space (or a separate page if necessary) to make any additional comments regarding the applicant's strengths and weaknesses that might be helpful in evaluating this applicant for admission.

R E F E R E N C E

S U M M A R Y

- Recommend with enthusiasm
- Recommend
- Recommend with reservations
- Do not recommend
- Please contact me for further information

Signature _____

Name (print) _____

Position _____

Institution _____

Address _____

Email _____

Phone _____ Date ____ / ____ / ____

Please mail this form directly to Westminster in a sealed envelope (provided). Thank you for your help. If no envelope is provided, please mail the form to: Westminster Theological Seminary, P.O. Box 27009, Philadelphia, PA 19118.