



Reference Request

Doctor of Ministry in Congregational Development

Applicant's Name: _____ Academic Program: _____

APPLICANT'S WAIVER:

I understand that this completed recommendation will be used only for academic purposes.

Therefore, I hereby Waive Do Not Waive

my right of access under provisions of the "Family Rights and Privacy Act" of 1974.

Applicant's Signature

Date

(Pursuant to federal legislation, admitted students have access to letters of recommendation unless the waiver has been signed.)

RECOMMENDER:

Education at Seabury and CDSP is geared primarily for Christian Ministry, both lay and ordained, in its great variety of forms. Please indicate on a separate sheet in what context you know the applicant and give a realistic appraisal of the applicant, including both strengths and weaknesses as you see them. Please consider the following about the applicant:

1. emotional and social maturity;
2. academic/scholarly aptitude for graduate study;
3. imagination and openness to new ideas;
4. attitude toward authority;
5. potential for leadership.

Please send all references along with this form to the Admissions Office, using regular mail, email or fax.

Seabury-Western Theological Seminary

Attn: Ms. Peggy Pearson

2122 Sheridan Rd., Evanston, IL 60201

peggy.pearson@seabury.edu

Office: 847-328-9300 x44 Fax: 847-328-3367

Name of Recommender (*please print*)

Signature of Recommender

Date

