



Recommendation Form

Return completed and signed form to:

Office of Admissions, Wake Forest University School of Divinity,
P.O. Box 7719, Winston-Salem, NC 27109-7719

To be completed by the applicant

Name of applicant (print) _____

Under the provisions in the Family Education Rights and Privacy Act of 1974, you have the right, if you enroll at Wake Forest University School of Divinity, to review your educational record. If you wish to waive the right to review this recommendation, please indicate below by marking the appropriate statement and signing your name.

I waive my right to access. I do not waive my right to access.

Signature _____ Date _____

To be completed by the recommender

Name of Recommender _____ Position _____

Address _____ Phone _____

To the recommender: Your candid assessment will assist the admissions committee in evaluating the applicant's preparation for graduate studies and potential for ministry. You may attach additional comments or supporting documents. If you have questions, contact the Office of Admissions at 336-758-3748.

- How long and in what capacity have you known the applicant? _____
- On the back of this sheet or on an attached sheet, please give your evaluation of the applicant's ability to engage in graduate-level coursework, commitment to Christian vocation, and potential for ministry.
- Please rate the applicant on the following scale :

	Very strong	strong	average	weak	very weak
Intellectual ability					
Independence of thought					
Oral communication					
Written communication					
Work ethic and motivation					
Judgment and maturity					
Leadership					
Vocational commitment					

4. Check one: highly recommend recommend recommend with reservations not recommend

Signature _____ Date _____