

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 Bexley Seabury 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.

Bexley Seabury

Attn: Mr. Jaime Briceno

1407 E 60th St Chicago IL 60637

jbriceno@bexleyseabury.edu

Office: (773) 380-7045 Fax: (773) 380.6788

Name of Recommender *(please print)*

Signature

Date

