

Mail or fax the completed reference to:

Admissions
Northern Seminary
660 E. Butterfield Road
Lombard, IL 60148
Fax: (630) 620-2190



RECOMMENDATION FOR ADMISSION

Applicant's Name: _____

Address _____ City _____ State _____ Zip _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Name of person you are asking to provide a reference: _____

Day Phone: (_____) _____ Evening Phone:(_____) _____

Address _____ City _____ State _____ Zip _____

INSTRUCTIONS TO PERSON PROVIDING RECOMMENDATION

Please complete the form below. The above named person has applied for admission to Northern Seminary as a graduate theological student and has given your name as a reference. We would appreciate your candid evaluation of the applicant through your responses to the questions which follow. Your assessment will be helpful in judging the applicant's qualifications and personal readiness for admission into a rigorous academic program that will challenge them personally, intellectually and spiritually.

How long have you known the applicant? _____ In what capacity? _____

Do you recommend this person for admission? Yes No

If yes: With complete confidence OR With some reservations

Please explain reservation and areas for potential growth: _____

Would you recommend this person to a ministry position? Yes No

TO THE APPLICANT

I understand that this recommendation is to be received and maintained in confidence by Northern Seminary for admission, consideration for graduate student status, and will become a part of my official Admissions file. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

I agree to waive access to this recommendation I do not agree to waive access to this recommendation.

Signature of Applicant: _____ Date _____

Mail or fax the completed reference to:

Admissions
Northern Seminary
660 E. Butterfield Road
Lombard, IL 60148
Fax: (630) 620-2190



RECOMMENDATION FOR ADMISSION

Applicant's Name: _____

Reference Name: _____

The person named above has applied for admission to the Masters program and has given your name as a reference.

We request that you give consideration to the following questions as you assess the applicant's readiness to engage in this advanced study for ministry. Please respond on a separate paper.

1. How long have you known the applicant and what has been your relationship with him/her?
2. From your knowledge explain how this applicant has shown continued interest in personal and professional growth and development.
3. How would you rate the applicant's relational skills with others?
4. What do you consider are the main strengths of this person's ministry?
5. What do you consider are the main weaknesses of this person's ministry?
6. Does the applicant demonstrate effective time management?
7. From your knowledge, do you consider this applicant to have the discipline to complete a Masters program?

Federal law requires that all documents related to students be open for inspection by the student unless he/she waives this right. Nonetheless, Northern Seminary's policy is to protect the confidentiality of recommendations during the admissions process through to completion.