

I. TO THE APPLICANT

Please complete the information below and give this form to your recommender.

Name				
	LAST (Family name)	FIRST (Given Name)	MIDDLE	SUFFIX
Phone				
E-mail				

In accordance with the Family Rights and Privacy Act of 1974, the applicant can waive his/ her right to view this recommendation. Should the applicant decide not to waive the right, he/ she will have access to the letter only if enrolled in a program at the Graduate Theological Union and its member schools.

I waive my right of access to this recommendation.	<input type="checkbox"/>	I do not waive my right of access to this recommendation.	<input type="checkbox"/>
---	--------------------------	--	--------------------------

Applicant's signature		Date	
------------------------------	--	-------------	--

II. TO THE RECOMMENDER

Please complete the below information.

First Name	
Last Name	
Institution / Church	
Address	
Position / Title	
E-mail	
Phone	

III. EVALUATION

Thank you for taking time to candidly evaluate this applicant. Your assessment is very important to us.

How long and in what capacity have you known the applicant?

Letter of Recommendation

Please attach your letter of recommendation to this form. This letter plays an important role in the admissions process at the Jesuit School of Theology of Santa Clara University. We appreciate your candid assessment of the applicant's intellectual and personal suitability for the JST Renewal Program. Please also provide your assessment of the applicant's capabilities to read and speak English at a graduate school level.

Recommender's Signature		Date	
--------------------------------	--	-------------	--

Return to:	Office of Admissions and Enrollment Management, Jesuit School of Theology of Santa Clara University 1735 LeRoy Avenue, Berkeley, CA 94709-1193 USA Phone: (510) 549-5013 Toll-free in USA: 1-800-824-0122 Fax: (510) 841-8536 E-Mail: jstadmissions@scu.edu Website: www.scu.edu/jst/
-------------------	---