

# Personal Recommendation Form

*This form should be submitted by the recommender or submitted by applicant with envelope sealed with signature of recommender in order for forms to be accepted.*

**Return to:**  
 704 Howdershell Rd.  
 Florissant, MO 63031  
 Phone: 314.921.9290  
 Fax: 314.921.9203  
 Email: [rmorley@ugst.org](mailto:rmorley@ugst.org)

## TO BE COMPLETED BY THE APPLICANT

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**TO THE APPLICANT:** The Family Education Rights and Privacy Acts of 1974, also known as the Buckley Amendment, gives students the right to inspect and review their educational records. This includes the right to read specific confidential statements and letters of recommendation. In order to protect the confidentiality of your recommendation you may waive this right. Please indicate your decision to waive or not to waive this right by checking the appropriate statement and signing your name on the line below.

- 1. I waive my right to examine this recommendation.
- 2. I do not waive my right to examine this recommendation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY THE RECOMMENDER

1. Recommender's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Daytime phone: (    ) \_\_\_\_\_ 4. Job title: \_\_\_\_\_

5. Relationship to the applicant: \_\_\_\_\_ 6. How long have you known the applicant? \_\_\_\_\_

7. Do you know of any physical, mental, spiritual or emotional problems which might hinder effective work in Christian ministry? If yes, please elaborate on the back of this sheet (or on line after boxes).

No     Yes

8. Please evaluate the applicant in the following areas by circling the appropriate number.

	Above Average	Average	Below Average	No information
<b>Integrity</b>	3	2	1	N
<b>Self-discipline</b>	3	2	1	N
<b>Maturity</b>	3	2	1	N
<b>Leadership skills</b>	3	2	1	N
<b>Punctuality</b>	3	2	1	N
<b>Consistency</b>	3	2	1	N
<b>Communication skills</b>	3	2	1	N
<b>Intellectual ability</b>	3	2	1	N
<b>Interpersonal skills</b>	3	2	1	N
<b>Financial Responsibility</b>	3	2	1	N

9. Do you know of any personal habits or prejudices which might hamper service in a church-related position?  
If yes, please elaborate below.

10. Do you believe the applicant evidences a clear sense of divine calling on his/her life?  
Please circle one:

**Definitely      Likely      Uncertain      Doubtful**

11. Do you recommend this person for admission?  Yes  No  
If yes, please circle one:

**With enthusiasm      With confidence      With reservation      With reluctance**

12. Thank you for your thoughtful response. If further questions regarding the candidate arise, may a member of the Admissions Committee contact you by phone?  Yes  No

Please return to: **Director of Admissions**  
**Urshan Graduate School of Theology**  
**704 Howdershell Rd.**  
**Florissant, MO 63031**

Signature: ..... Date: .....

*Please type or print with black ink any additional comments you might have in the space provided below:*