



To be completed by the applicant:

Please complete this section before giving this Recommendation for Admission form to the person who will serve as a reference. If possible, include all completed recommendations in your application packet, due January 15 in order to be considered for admission and financial aid for the following academic year. Recommendations may also be sent directly to the Admissions Office, as described in the instructions for Submitting the Recommendation below.

Please type or print.

Applicant's Name: Last/Family _____ First _____ Middle _____

Program and Area of Study: Th.M. in _____
Ph.D. in _____

In accordance with the Family Education Rights and Privacy Act of 1974, students who enroll in a degree program at LSTC retain the right to review their letters of recommendation, unless they have explicitly waived that right. Recognizing that some applicants and references may wish to preserve the confidentiality of their evaluations, we request that you chose one of the following:

I waive my right of access to this recommendation.

Applicant's Signature _____ Date _____

I do not waive my right of access to this recommendation.

Applicant's Signature _____ Date _____

To be completed by the reference:

The person named above is applying for admission into an advanced studies program at the Lutheran School of Theology at Chicago and is requesting a recommendation from you. Thank you in advance for your candid evaluation.

Please type or print.

Reference's Name: Last/Family _____ First _____ Middle _____

Title and Current Position: _____

Institution and Address: _____

Telephone Number: _____ Email Address: _____

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

Three horizontal lines for text entry.

Evaluation continues on next page

Overall Academic Evaluation:

- Recommend most enthusiastically
- Recommend highly
- Recommend
- Recommend with reservation
- Not recommended
- Unable to evaluate adequately

PLEASE EVALUATE THE FOLLOWING AREAS:	EXCELLENT	GOOD	FAIR	LACKING	NO BASIS FOR JUDGMENT
Aptitude for advanced graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic knowledge of the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Prospects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Evaluation:

On a separate sheet of paper, preferably institutional letterhead, please evaluate the applicant’s capacity for advanced graduate studies in the Th.M. or Ph.D. program at the Lutheran School of Theology at Chicago, and for a vocation following theological education. Please elaborate on both strengths and any limitations that you may have indicated in the previous section, and describe how the applicant compares with other students you may have recommended for advanced graduate study in the same field. If the applicant’s primary language is not English, please comment on the applicant’s English proficiency.

Submitting the Recommendation:

After completing this recommendation for admission, please mail the recommendation directly to the Admissions Office, Lutheran School of Theology at Chicago, 1100 East 55th Street, Chicago, Illinois 60615 or send via email to admissions@lstc.edu. If you need assistance, please contact the Admissions Office at 773.256.0727 or admissions@lstc.edu.

Reference’s Signature _____ Date _____