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 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?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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  ☐  ☐  ☐  ☐  ☐
Basic knowledge of the field  ☐  ☐  ☐  ☐  ☐
Insight and creativity  ☐  ☐  ☐  ☐  ☐
Language ability  ☐  ☐  ☐  ☐  ☐
Personal qualities  ☐  ☐  ☐  ☐  ☐
Vocational Prospects  ☐  ☐  ☐  ☐  ☐

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, 5416 S. Cornell Ave, 4th Fl., Chicago, Illinois, 60615 or send via email to admissions@lstc.edu.

Reference’s Signature _____________________________________________ Date ____________________