



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. Recommendations may be sent directly to the Admissions Office.

Please type or print.

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

Anticipated Program of Study: _____

This recommendation is from a (check one): [] Pastor [] Professional acquaintance [] Teacher/Professor [] Layperson [] Employer [] Ministry Supervisor/Colleague [] Other _____

NOTE: This form is to be filled out by someone who is not a member of your immediate family.

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants are the persons from who they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

[] I waive my right to examine this form.

Applicant's Signature _____ Date _____

[] I do not waive my right to examine this form.

Applicant's Signature _____ Date _____

To be completed by the reference:

The individual named above is applying for admission to Lutheran School of Theology at Chicago. Please note the provisions of the Family Education Rights and Privacy Act of 1974 as indicated above, which gives the applicant the right to review the contents of this recommendation unless that right to do so has been waived by signing the waiver above. Thank you for your part in this important phase of the applicant's life.

Please type or print.

1. How long have you known the applicant? _____ How well? [] Very well [] Rather well [] Casually [] Not well

2. In what capacity? _____

3. What do you perceive as this person's strongest assets? _____

4. What do you perceive as the applicant's area of needed growth? _____

(continues on reverse side)

5. Do you see this person as someone you would hire, have as your pastor or church staff member, or like as a colleague? Yes No Unsure Please comment: _____

6. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

| | EXCEPTIONAL | STRONG | AVERAGE | INADEQUATE | NOT OBSERVED |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity and imagination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional judgment and maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of interpersonal relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Openness, non-defensiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation for proposed program of study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to analyze problems and formulate solutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. We would appreciate your additional comments. Use a separate page if necessary.

Please type or print.

Your Name _____

Signature _____ Date _____

Position _____ Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Please send this recommendation directly to: Director of Admissions, Lutheran School of Theology at Chicago
5416 S. Cornell Ave, 4th Fl., Chicago, Illinois 60615 or email admissions@lstc.edu