

RECOMMENDATION FORM

This form is to be filled out by a professor, employer, professional or personal acquaintance. It should not be filled out by a member of your family.

APPLICANT INFORMATION

Applicant Name: _____

Program: _____

Applicant Phone Number: _____

Applicant E-mail: _____

Please mail, fax, or email to:

ATTN: Enrollment Office
5511 S. E. Hawthorne Blvd.
Portland, OR 97215-3367
FAX: 844.300.4458
admissions@westernseminary.edu

Recommender's name (please print)_____
E-mail_____
Address_____
Daytime phone_____
Organization/Position_____
Western alumnus? (year)**Please comment on each of the following areas:**

1. Length and nature of your relationship with the applicant.
2. The applicant's character and demonstrated concern for others.
3. The applicant's emotional stability and social sensitivity.
4. The applicant's relationship and attitudes towards peers, supervisors, and subordinates (same gender and cross-gender).
5. The applicant's ability to set and achieve goals. What do you perceive to be his or her goals?

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6. The applicant's commitment to Christ and the work of the gospel as seen in his/her present involvement.

7. Do you have any reservations about this person's ability to do graduate work at the master's level?

8. Do you think this program will positively or negatively affect the applicant's marriage or family life?

9. Do you know of any occasion where this person has been accused, disciplined, or dismissed for moral/ethical or legal reasons? Please elaborate.

In consideration of the applicant's suitability for seminary study and overall potential for ministry, please check one of the following:

I do not recommend I recommend with reservation I recommend I highly recommend

Signature (required)

Date

Would you like us to call you for a telephone conversation about this applicant? Yes No need

Any other comments?