



3401 Brook Road, Richmond, Virginia 23227
Telephone: 800.229.2990 | Fax: 804.355.3919 | Email: admissions@upsem.edu

RECOMMENDATION FORM

Master of Theology
concentration (*check one*):

- Christian Education
- History
- New Testament
- Old Testament
- Theology/Ethics

After completing the first section of this form, the applicant should deliver it to the person who is to serve as reference. If this recommendation is to be useful in the admissions process, the completed form must be received in the admissions office by the due date below.

Th.M. February 15

Ph.D. January 15

Section 1 (To be completed by the applicant)

Applicant's Name _____

Current address _____
Last First Middle

Doctor of Philosophy
in the area of (*check one*):

- Biblical Studies with an emphasis in Old Testament
- Historical and Theological Studies

Access Waiver

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access to recommendations. The following signed statement is the applicant's wish regarding this recommendation.

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

Signature _____ Date _____

Section 2 (To be completed by the person serving as reference)

If the applicant has waived right of access as indicated above, this form and any attachments will be examined only by faculty and staff directly involved in the admissions process. If the applicant has not signed the waiver, full confidentiality cannot be guaranteed.

■ Please attach your narrative comments on a separate sheet.

Union Presbyterian Seminary appreciates your candid evaluation of this applicant's qualifications and motivation for the proposed program of graduate study, and your appraisal of his or her capacity to complete the program successfully. Your rating of the applicant's ability and promise, in comparison with other students whom you know to have engaged in similar courses of graduate study, would be most helpful. If the applicant's first or native language is not English, we would also appreciate your assessment of his or her proficiency in English.

Please indicate how long, and in what capacities, you have known the applicant.

On the basis of your knowledge of the applicant, please indicate your overall recommendation regarding his or her admission by checking one of the items below:

- I recommend admission with enthusiasm, confident that the applicant will perform at a superior level.
- If admitted, the student should be able to sustain a satisfactory level of achievement in the program.
- Although the applicant's readiness to undertake this program successfully is limited or marginal, consideration of admission is still warranted (for reasons given in my written assessment).
- I am unable to recommend the applicant's admission.

Name of reference _____

Position or title _____

Institution/Address _____

City/State/Zip Code _____

Telephone _____ E-mail _____

Signature _____ Date _____

We are grateful for your assistance. This form is used solely for determining admission to the graduate degree programs of Union Presbyterian Seminary and is destroyed after an admission decision is made.

Please mail the completed form directly to:

Director of Admissions, Union Presbyterian Seminary, 3401 Brook Road, Richmond, VA 23227

Union Presbyterian Seminary does not discriminate among applicants to or participants in its degree programs on the basis of race, sex, national origin, color, or physical handicap.