

# Recommendation Form

## To The Applicant

Applicants must complete this top section prior to sending it to recommenders. Paper or electronic copies of this form are acceptable. This form must be submitted directly by the recommender to the Office of Admissions by mail or email. Instructions and address are listed below.

Application for the  Fall or  Spring of 20\_\_\_\_\_

Degree Seeking:  M.Div.  M.Div./M.B.A.  M.Div./M.S. Counseling  M.Div./M.S. Org Leadership  M.A.C.M.  
 D. Min.  Graduate Certificate in Theological Studies

Name\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

I waive \_\_\_\_\_ / I do not waive \_\_\_\_\_ all future rights to review this form once submitted to McAfee School of Theology and agree to respect the confidentiality of the remarks made by the respondent.

\_\_\_\_\_  
(Typing your name is equivalent to your signature.)

Signature of Applicant

## To The Recommender

The student named above is applying for admission to The McAfee School of Theology at Mercer University. Your recommendation should refer to the applicant's Christian commitment through ministry. It should also highlight distinguishing intellectual and personal traits, character, integrity and fitness for the ministry, as well as creative and special talents of the applicant. Statements will be kept confidential and made available only to those directly concerned with admission to the degree program. You will note the statement above signifying whether or not the applicant waives all future rights to review this form once it has been submitted to the McAfee. Thank you for helping us evaluate the qualifications of this candidate.

After completing this form, email it or mail it directly to:  
OFFICE of ADMISSIONS, MCAFEE SCHOOL of THEOLOGY  
MERCER UNIVERSITY  
3001 MERCER UNIVERSITY DRIVE, ATLANTA, GA 30341-4115  
THEOLOGYADMISSIONS@MERCER.EDU

Please complete the sections A-C.

A. Your name\_\_\_\_\_ Title\_\_\_\_\_

Please identify your relationship to the applicant.

Pastor  Church Leader  Professor  Supervisor  Other\_\_\_\_\_

Your signature\_\_\_\_\_ (Typing your name is equivalent to your signature.)

Your address\_\_\_\_\_

Your institution or organization name\_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email\_\_\_\_\_

Date\_\_\_\_\_

**B. Knowledge of the applicant**

1. How long have you known the applicant?    \_\_\_ Years    \_\_\_ Months
2. How well do you know the applicant?     Casually     Well     Very Well
3. Describe the applicant’s involvement in their local church or his/her current ministry setting.

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**C. Ability of the applicant**

	Below average	Average	Somewhat above average	Good	Very Good	Truly exceptional	N/A
Christian Commitment							
Leadership Potential							
Research/Study skills							
Writing Skills							
Persistence							
Ability to work with others							
Social skills							
Emotional Competence							
Integrity/Character							

1. Please tell us any information related to the character, temperament or physical and mental health that should be considered by an Admissions Committee in considering the applicant for advanced theological study.

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2. Would you recommend this person as a candidate without reservation? If no, or with reservations, please explain.

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3. Please comment on the candidate’s depth of Christian commitment, relationship to the church, gifts for ministry, community involvement, ability to serve others and other pertinent information you believe to be important to the Admissions Committee in considering this applicant. Attach any additional pages you require.

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