

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 of 20_____

Degree Seeking: Master of 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 aptitude for graduate work in theology. Please highlight distinguishing intellectual and personal traits, character and integrity, 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 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. Briefly describe the nature of your relationship with the applicant below:

C. Ability of the applicant

	Below Average	Average	Above Average	Good	Very Good	Exceptional	N/A
Classroom Participation							
Leadership Potential							
Research/Study Skills							
Writing Skills							
Professionalism							
Ability to Work with Others							
Social Skills							
Emotional Competence							
Integrity/Character							

1. Please tell us any information related to the character, temperament or mental health that should be considered by this Admissions Committee.

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

3. Please comment on the candidate’s ability to read, write, and discuss complex ideas within an academic or professional context that would be relevant to their future graduate studies. Attach any additional pages you require.