TO THE APPLICANT: Enter your full name below and indicate the year and program for which you are applying. Sign the statement below if you wish to allow a confidential recommendation by waiving your right to access. Please forward this form to the individual making the recommendation for you.

Name: 

Last First Middle

Sex: □ Male □ Female

Expected Date of Entrance: Fall Qtr. 20____: Winter Qtr. 20____: Spring Qtr. 20____: Summer Qtr. 20____

Program for Which You Are Applying: □ Master of Divinity □ Diploma □ Certificate in Bible & Theology

OPTIONAL WAIVER OF RIGHTS (Under the Family Educational Rights & Privacy Act of 1974)

I hereby waive my right of access to this Evaluation Form, when completed, and understand that this confidential recommendation is to be used only in consideration of my application to Reformed Episcopal Seminary.

Signature: 

TO THE RECOMMENDER:

The person whose name appears above is applying to Reformed Episcopal Seminary and has requested that your recommendation be included as part of the information on which our Admissions Office will base its decision. Please give the Admissions Office your assistance by providing responses to the questions below. This form, when completed, should be mailed to the Office of Admissions at the address shown above. Please feel free to use an additional sheet where necessary.

1. How long have you known the applicant and in what capacity?

2. What characteristics do you consider to be the talents and strengths of the applicant?

3. What characteristics do you consider to be the weaknesses of the applicant?

4. How thoroughly do you think the applicant has thought out plans for theological study?

5. Please note any other helpful insights you might have.
Please give us your appraisal of the applicant in terms of the qualities listed below.

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<thead>
<tr>
<th>Abilities &amp; Traits</th>
<th>Unusually Outstanding</th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>No Information</th>
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<tbody>
<tr>
<td>Academic Ability</td>
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<td>Creativity</td>
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<td>Sense of Responsibility</td>
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<td>Motivation</td>
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<td>Honesty &amp; Moral Values</td>
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<td>Written Communication Skills</td>
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<td>Oral Communication Skills</td>
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<td>Ability To Work Independently</td>
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<td>Ability To Work With Others</td>
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<td>Spirituality</td>
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<td>Mental &amp; Emotional Stability</td>
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<td>Problem-solving Skills</td>
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</table>

Do you recommend this applicant to Reformed Episcopal Seminary?
- [ ] Highly Recommended
- [ ] Recommended, but with reservation
- [ ] Recommended
- [ ] Not Recommended

________________________________________
Name of Recommender (Print or type)

______________________________
Position or Title:

______________________________
School, Church, or Firm:

______________________________
Address:

______________________________
City/State/Zip: ______________________ Telephone ( ) __________

______________________________
Signature of Recommender: ______________________ Date: __________

Thank you for your assistance.

Please return this form directly to:

Office of Admissions
Reformed Episcopal Seminary
826 Second Avenue
Blue Bell, PA 19422