

The Saint Paul Seminary School of Divinity

Request for Recommendation

Applicant's name: _____
Last First Middle

WAIVER OF RIGHT TO ACCESS TO CONFIDENTIAL STATEMENTS:

"I hereby waive my right to inspect the letter which appears on this form and attachments of continuation. I understand I may not be required by the institution to waive that right as a condition for admission, employment, or honor."

Applicant's signature: _____ Date: _____

If the applicant does not sign the statement, the law specifically reserves to him/her the right of access to the letter in question.

To the Recommender:

The person whose name appears above is applying for admission to The Saint Paul Seminary School of Divinity at the University of St. Thomas and has requested your recommendation be included as part of the information on which our admissions decision will be made. Please comment on the candidate's ability to do graduate level work and suitability for ministry. Please indicate areas of strength and "growing edges." Thank you. (Use the reverse side of this sheet or additional sheets as needed.)

Name of the Recommender: _____ Position: _____

Organization: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Signature of Recommender: _____ Date: _____

Please return this request to:

Records and Registration Office
The Saint Paul Seminary School of Divinity
2260 Summit Avenue
St. Paul, MN 55105-1094



UNIVERSITY of ST. THOMAS
MINNESOTA