



UNIVERSITY of ST. THOMAS

# MASTER OF ARTS DEGREE IN CATHOLIC STUDIES

## APPLICATION FOR ADMISSION – REFERENCE COVER SHEET

### TO THE APPLICANT

This form should be given to a person who is able to comment on your qualifications for graduate study. Please fill in the following information:

Your name \_\_\_\_\_

Term for which you are applying for admission:  Fall  Spring  Summer Year: \_\_\_\_\_

Application deadline:  January 15  March 1  May 15  August 15  November 1

Name of the person who will complete this form \_\_\_\_\_

I (*check one*)  waive  do not waive my right to access this letter of recommendation.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

### TO THE RECOMMENDER

The above candidate is applying for graduate work in the University of St. Thomas Department of Catholic Studies. We would appreciate your assessment of the candidate's academic and personal preparation for graduate study. Please rank the candidate in comparison to other students you have known who have recently gone on to graduate school. Sign and date this form, attach your recommendation letter, and mail both by the application deadline indicated above. Please accept our sincere thanks for your assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail (*optional*) \_\_\_\_\_

### SEND ALL MATERIALS TO:

Director of Graduate Catholic Studies  
University of St. Thomas  
Mail #55-S  
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Saint Paul, MN 55105-1096

Phone: (651) 962-5703  
[www.stthomas.edu/cathstudies/masters](http://www.stthomas.edu/cathstudies/masters)