



Exploring Differences, Deepening Faith

GRADUATE PROGRAM: LETTER OF RECOMMENDATION

To be completed by the applicant::

Name of Applicant: _____ Date: _____

Program for which you are applying:

- | | |
|--|---|
| <input type="checkbox"/> Doctor of Ministry | <input type="checkbox"/> Islamic Chaplaincy Program |
| <input type="checkbox"/> Professional Ministry Study Program | <input type="checkbox"/> Graduate Certificate in Islamic Chaplaincy |
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Graduate Certificate |
| <input type="checkbox"/> Cooperative Master of Divinity | |

To be read by the Applicant and Recommender: Under the Family Educational Rights and Privacy Act of 1974, Hartford Seminary students have access to their admissions files, including recommendation letters. Please remember that the applicant has access to this recommendation letter unless the applicant has signed the waiver statement below.

- | | |
|---|---|
| <input type="checkbox"/> I have <u>retained</u> my right of access to this recommendation | <input type="checkbox"/> I have <u>waived</u> my right of access to this recommendation |
|---|---|

Signature _____ Date: _____

To be completed by the 'Recommender': Hartford Seminary would appreciate a statement from you concerning the person named above. Please give us your frank appraisal of the applicant's ability and aptitude for study, personality, intellectual and spiritual maturity, and capacity for leadership. Your honesty will help us in doing a careful evaluation. You may attach additional sheets if necessary. This letter of recommendation can be mailed or faxed directly to the Seminary by you or you can give it to the applicant.

Signature _____ Date _____

Name (please print) _____ Title _____ Relationship to Applicant _____

Address _____ Phone Number _____