



## Master of Theological Studies

### Letter of Recommendation

Name of the Person Completing this Recommendation:

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Address: \_\_\_\_\_

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Position: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Applicant:** Please enter your name in the space provided below. Then mail this form to your reference, enclosing a stamped envelope addressed to the Director, Master of Theological Studies, St. Norbert College, 100 Grant Street, De Pere, WI 54115.

#### **To the Person Completing This Recommendation:**

\_\_\_\_\_ is applying to the Master of Theological Studies program to take graduate courses in theology. We would appreciate your frank evaluation of this applicant.

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

2. Intellectual qualities:

3. How do you assess the applicant's academic potential?

4. Please comment on the applicant's character, emotional maturity and integrity.
  
5. Please comment on the applicant's past involvement in church ministry.
  
6. Do you have information about the applicant which may be relevant and which the Admission Committee is not likely to have from other sources?
  
7. Do you recommend the applicant's admission to the Master of Theological Studies program?  
Please qualify, if necessary.

Having completed this form, please mail it directly to the Director, Master of Theological Studies, St. Norbert College, 100 Grant Street, De Pere, WI 54115.

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