

**REQUEST FOR REFERENCE
FOR APPLICANT TO EDEN THEOLOGICAL SEMINARY
MASTER OF DIVINITY or MASTER OF DIVINITY/MASTER OF SOCIAL WORK**

Person Requesting Reference:

Name: _____ Degree Program _____

Under the provisions of the Family Rights Privacy Act of 1974 [as amended], Sec. 438, and the Department of Education Regulations, Sec. 99.7 [C], 99.12 [a][3], I voluntarily waive my right of access to this reference, thus insuring its confidentiality.

(signature of person requesting reference)

(date)

Person Providing Reference:

The applicant named above has applied for admission to Eden Theological Seminary and is requesting recommendation from you. We request your candid appraisal of the applicant's capacity for graduate study and for a vocation in ministry following theological education.

1. How long and in what capacity have you known this candidate?

2. Please rate the applicant for each of the following characteristics: (circle numbers or check space)

	low	average	high	don't know
a) intellectual ability	1 2	3 4	5 6	_____
b) oral expression	1 2	3 4	5 6	_____
c) written expression	1 2	3 4	5 6	_____
d) vocational clarity	1 2	3 4	5 6	_____
e) promise for ministry	1 2	3 4	5 6	_____
f) personal maturity	1 2	3 4	5 6	_____
g) interpersonal skills	1 2	3 4	5 6	_____

3. Please comment on the applicant's faith, character, values, fitness, and abilities with specific reference to strengths and weaknesses, that have a bearing on the applicant's readiness for graduate theological education. Please type your response and attach additional sheet(s) if necessary.

Signature _____

Date _____

Name _____

Phone _____

Address _____

Occupation _____

Please return this completed form to: Office of Admissions, Eden Theological Seminary, 475 East Lockwood Avenue, Saint Louis, MO 63119-3192. A prompt reply is necessary for early action on this person's admissions request. Thank You.