Letter of Recommendation

EARLHAM SCHOOL OF RELIGION

A. TO THE APPLICANT

(Degree Seekers: please copy this page for distribution to those persons supplying references.)

This form should be given to the person(s) you have listed as reference(s) on your application. For the convenience of the person completing the form you should include a stamped envelope addressed to: Director of Recruitment and Admissions, Earlham School of Religion, 228 College Avenue, Richmond, IN 47374.

Your name _____

Address _____ City _____

State _____ Zip Code _____ Phone (_____) _____

Name of the person who will complete this form _____

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. Please indicate your wishes by signing one of the two statements below.

I hereby WAIVE my right of access to this recommendation.

_____

(your signature) (date)

I hereby DO NOT WAIVE my right of access to this recommendation.

_____

(your signature) (date)

B. TO THE PERSON NAMED AS REFERENCE

In the space below and on the back of this sheet please give your candid estimate of the applicant's ability, character, emotional stability, interests and future promise as a leader. Your evaluation of the student's chief strengths and weaknesses, both academically and personally will be particularly welcome. In order not to delay the applicant's admission, please send your letter as promptly as possible to Director of Recruitment and Admissions, Earlham School of Religion, 228 College Avenue, Richmond, IN 47374.

Please note that if the above waiver is not signed, this recommendation will be available for the applicant's examination should he or she enroll in the Earlham School of Religion.

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Signature of Reference _____ Title _____

Institution _____ Date _____

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