**Recommendation Form for Earlham School of Religion**



Applicant’s Name: Click here to enter text.

Applicant’s Home Address, City, State, ZIP: Click here to enter text.

**To the Applicant:**

You may obtain recommendations from teachers, counselors, organization leaders, mentors, or anyone who knows your professional or scholarly work, faith background, ministry skills, leadership skills, and/or character. Recommendations should not be completed by a relative. Please complete this section before giving this form to the person writing the recommendation. Ask the person to either mail it, fax it or e –mail a pdf of it to the Director of Admissions at ESR (see the contact info on back).

**Under the terms of the Family Educational Rights and Privacy Act,**

**\_\_\_\_\_\_ I waive / \_\_\_\_\_\_ I do not waive any right of access to this recommendation.**

Applicant Signature Click here to enter text. Date Click here to enter text.

**To the Recommender/Reference:**

Print your name: Click here to enter text. Date: Click here to enter text.

Organization: Click here to enter text. Profession/Title: Click here to enter text.

Affiliation with this ESR applicant: Click here to enter text. How many years have you known the applicant?Click here to enter text.

Street Address: City/State/Zip: Click here to enter text.

Email Address: Click here to enter text. Signature: Click here to enter text.

Thank you for your assistance! Please complete and sign this form (both sides), then attach your letter of recommendation or use the comments area below. Your professional judgement about the applicant’s academic abilities, organizational experience, work habits, spiritual formation, character, emotional maturity, and ministry and leadership skills will help us conduct our evaluation of the applicant. Recommendations that include anecdotal information or descriptions of specific behaviors are most helpful. We are interested in any obstacles the applicant has had to overcome in pursuing their goals, and strengths/weaknesses that would assist or impede with the individual’s transition into a graduate program at a Christian seminary in the Quaker tradition. **See other side for submission information.**

**Comments:** Click here to enter text.



Please complete the reverse side

Please complete and submit this page, even if writing a letter.

**Based on your interactions with the applicant, please assess the individual in each of the following areas:**

Above Below No Basis for

Excellent Average Average Average Poor Judgement

Quality of writing

Quality of oral communication skills

Quality of work overall

Desire for intellectual challenge

Completion of tasks on time

Integrity       Motivation

Interactions with teachers/supervisors

Conduct in groups with peers

Ability to work/study independently

Community engagement       Reliability and time management

Capacity for Leadership

Emotional stability

Spiritual formation       Desire for spiritual growth

Openness to diverse religious views

Ability to deal with failure or criticism

Ability to consider viewpoints other than own

**What is your recommendation of this applicant?**

Not Recommend Recommend with Reservations Recommend Highly Recommend

**Either mail this form and your recommendation letter, fax them, or e-mail a pdf of them to the**

**Director of Admissions at ESR at the contact information below.**

**We appreciate your recommendation.**

Please keep a photocopy and return this original form to:

**Earlham School of Religion**

228 College Ave, Richmond, IN 47374

Fax: 765-983-1688, e-mail dishmju@earlham.edu

