

Mail or fax the completed reference to:

Admissions
Northern Seminary
660 E. Butterfield Road
Lombard, IL 60148
Fax: (630) 620-2190



RECOMMENDATION FOR ADMISSION

Applicant's Name: _____

Address _____ City _____ State _____ Zip _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Name of person you are asking to provide a reference: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Address _____ City _____ State _____ Zip _____

INSTRUCTIONS TO PERSON PROVIDING RECOMMENDATION

Please complete the form below. The above named person has applied for admission to Northern Seminary as a graduate theological student and has given your name as a reference. We would appreciate your candid evaluation of the applicant through your responses to the questions which follow. Your assessment will be helpful in judging the applicant's qualifications and personal readiness for admission into a rigorous academic program that will challenge them personally, intellectually and spiritually.

How long have you known the applicant? _____ In what capacity? _____

Do you recommend this person for admission? ☐ Yes ☐ No

If yes: ☐ With complete confidence OR ☐ With some reservations

Please explain reservation and areas for potential growth: _____

Would you recommend this person to a ministry position? ☐ Yes ☐ No

TO THE APPLICANT

I understand that this recommendation is to be received and maintained in confidence by Northern Seminary for admission, consideration for graduate student status, and will become a part of my official Admissions file. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

☐ I agree to waive access to this recommendation ☐ I do not agree to waive access to this recommendation.

Signature of Applicant: _____ Date _____