BRITE

DIVINITY SCHOOL

Letter of Reference
Masters Degree Programs

This section to be completed by the applicant:

Name _____ _____ _____
Last First Middle

Master of Divinity ❐ Master of Arts in Theology and Ministry ❐

Master of Theological Studies ❐ Certificate of Theological Studies ❐

Semester you plan to enroll:

Fall ❐ Year _____ Spring ❐ Year _____

Confidentiality:

Under the Family Educational Rights and Privacy Act of 1974, a student may inspect their records, including letters of recommendation. To encourage candor on the part of the individual completing this recommendation form, the student may choose to waive the right of access to this document. Please check the appropriate box regarding your right to access this document.

I hereby: ❐ do ❐ do not waive my right of access to any and all letters or statements of recommendation.

An electronic signature or typed name below is equivalent to an original signature and certifies that the information provided by the applicant on this form is accurate and current.

_____ _____
Signature Date

This section to be completed by the person making the recommendation:

The above named student has applied for admission to Brite Divinity School at Texas Christian University and has listed you as a reference. We will be grateful if you will give your frank evaluation of the applicant by responding to the categories listed below:

	Excellent	Above Average	Average	Below Average	No Basis for Judging
Intellectual ability					
Sensitivity to others					
Concern for social problems					
Breadth of general knowledge					
Church involvement					
Personal integrity and responsibility					
Emotional maturity and stability					
Respect of peers					
Motivation for seminary studies					
Promise as a religious leader/scholar					
Perseverance					

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

2. **From your perspective, describe the special qualities the applicant brings to graduate theological education and the ministry.**

3. **From your perspective, describe what you think may be the applicant's primary need for personal and intellectual development if admitted to Brite Divinity School.**

4. **Please comment on any other matters you think would be important for the Admissions Committee to know about the applicant.**

Recommendation (Please check one)

- ❒ Recommend with enthusiasm for admission
- ❒ Recommend for admission
- ❒ Recommend with reservations for admission
- ❒ Do not recommend for admission

Name_____ Date_____

Address_____ Position/Title_____

_____ _____

Phone (Home)_____ (Work)_____

Email Address _____

May we contact you, if needed, for further information or clarification? Yes ❒ No ❒

_____
Signature

If you have any questions, please call the Office of Admissions at 817.257.7513

INSTRUCTIONS:
Mail or deliver this completed form to the applicant in an envelope, being sure to seal and sign the flap. The applicant has been instructed not to open the envelope, but to forward it to the Office of Admissions, together with the other required documents. If you wish to submit this document directly to Brite Divinity School, please either mail, fax, or email the form to the following:

Office of Admissions
Brite Divinity School
TCU Box 298130
Fort Worth, TX 76129
Email: brite@tcu.edu Fax: 817.257.6932