

Austin Graduate School of Theology

MASTER OF ARTS IN THEOLOGICAL STUDIES

REFERENCE LETTER

TO BE COMPLETED BY THE STUDENT:

Name of Applicant: _____ Major: _____

- A. In accordance with provision of the Family Educational Rights and Privacy Act of 1974, as amended, I hereby waive my rights to review this personal reference and wish the file to remain confidential. (I do not wish to see the reference.)

Signature of Applicant: _____ Date: _____

- B. I do not wish this personal reference to remain confidential. (I wish to be able to see the reference.)

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY THE PERSON GIVING RECOMMENDATION:

Unless the individual requesting this reference signed the above waiver (Part A), your evaluation cannot be held in confidence and must be released upon request by the student.

I have known the above named person for _____ years or _____ months.

My relationship to this person is: _____ professor _____ employer _____ friend _____ minister _____ other: _____

Qualities	Excellent	Normal	Below Normal	No Comment- please give reason
Integrity				
Academic Ability				
Emotional Stability				
Cooperativeness				
Motivation				
Interpersonal Relations				
Communication Ability				
Maturity				

ADDITIONAL COMMENTS (Use the back of this sheet or an additional page if needed.)

Are there any additional characteristics or strengths that you think qualify the applicant for the ministry or graduate ministry study?

Please specify _____

Are there any reservations you have regarding this applicant's suitability for graduate ministry study?

Please specify _____

Signature _____ Printed Name _____

Employer _____ Title/Position _____

Phone _____

Address _____

Please return this form to:

Austin Graduate School of Theology
Attn: Admissions
7640 Guadalupe St.
Austin, Texas 78752-1333
512-476-2772 / 512-476-3919 fax