

PROVIDENCE THEOLOGICAL SEMINARY

2024 Ryecroft Lane
Franklin, TN 37064

E-Mail: Info@ptstn.org

THIS PORTION TO BE COMPLETED BY APPLICANT (please type or print clearly):

Name _____
Last First Middle

Address _____
Street City State Zip/Postal Code

Phone _____ Anticipated Program of Study _____

Notice: The Family Education Rights and Privacy Act of 1974 (Public Law 93-380, Buckley Amendment) grants all students the right to inspect their official educational records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

- I hereby voluntarily waive my right to examine this confidential recommendation, knowing that this is not required as a condition for admission.
- I do not waive my right to examine this reference, but I authorize the person completing this form to provide a candid evaluation

Signature of Applicant _____ **Date** _____

(The signing of this waiver is voluntary. It is a matter between the applicant and the person completing the recommendation.)

ACADEMIC REFERENCE

Please note the provision of the Family Education Rights and Privacy Act of 1974 as listed above. Although the applicant may voluntarily waive the right to review this recommendation, it is hoped that a spirit of openness and exchange will exist between the applicant and yourself regarding the contents of this recommendation. The above-named applicant has given your name as a professor acquainted with the applicant's academic work.

1. How long and in what capacity have you known the applicant? _____
 How well? Very Well ____ Rather well ____ Casually ____ Not Well ____
2. In how many of your courses has the applicant enrolled? _____ Graduate or Undergraduate? _____
3. Please rank this individuals academic ability:
 Top 10% ____ Top 25% ____ Top 50% ____ Bottom 50% ____
4. How would you assess the applicant's abilities in the following areas?

| | OUTSTANDING | COMPETENT | MARGINAL | NOT OBSERVED |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Intellectual ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperative (willingness to work with others) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative (ability to be a self-starter, resourceful) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity (bears the fruits of the Holy Spirit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diligence and perseverance (completes work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress (ability to perform under pressure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership (ability to motivate and inspire others) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Please rate the applicant's potential for graduate level study:

Top 10% ____ Top 25% ____ Top 50% ____ Bottom 50% ____

6. Please use this space (or a separate page if necessary) to make any additional comments regarding the applicant's strengths and weaknesses that might be helpful in evaluating this applicant for admission.

Summary

Can you conscientiously recommend the applicant for admission to Providence Theological Seminary?

If yes, check one: Enthusiastically With Confidence With the following reservations:

Do not recommend

Please contact me for further information

Signature _____

Name (print) _____

Position _____

Institution _____

Address _____

Street

City

State

Zip/Postal Code

Phone _____ Date _____

Please mail this form directly to Providence Theological Seminary in a sealed envelope. Thank you for your help.