

Recommendation Form

To The Applicant

Please complete this section before giving it to references you have requested to evaluate you. Then submit the recommendation form to the respondent. You may make copies of this form or download them at theology.mercer.edu. Masters students should request their three recommendations from a Pastor, Church Leader, and Professor/Supervisor. Recommendations should be submitted directly by the recommender to the office of admissions by mail or email.

Application for the Fall or Spring of 20_____

Degree Seeking: M.Div. M.Div./M.B.A. M.Div./M.S. Counseling M.Div./M.S. Org Leadership M.A.C.M.

D.Min. Certificate of Theological Studies Certificate in Social Enterprise

Name _____

Address _____

Home Telephone (_____) _____ Work Telephone (_____) _____

I waive _____ / I do not waive _____ all future rights to review this form once submitted to McAfee School of Theology and agree to respect the confidentiality of the remarks made by the respondent.

Signature of Applicant

To The Recommender

The student named above is applying for admission to The McAfee School of Theology at Mercer University. Your recommendation should refer to the applicant's Christian commitment through ministry. It should also highlight distinguishing intellectual and personal traits, character, integrity and fitness for the ministry, as well as creative and special talents of the applicant. Statements will be kept confidential and made available only to those directly concerned with admission to the degree program. You will note the statement above signifying whether or not the applicant waives all future rights to review this form once it has been submitted to the McAfee. Thank you for helping us evaluate the qualifications of this candidate.

After completing this form, email it or mail it directly to:
OFFICE of ADMISSIONS, MCAFEE SCHOOL of THEOLOGY
MERCER UNIVERSITY
3001 MERCER UNIVERSITY DRIVE, ATLANTA, GA 30341-4115
THEOLOGYAPPLICATIONS@MERCER.EDU

Please complete the sections A-C.

A. Your name _____ Title _____

Please identify your relationship to the applicant.

Pastor Church Leader Professor Supervisor Other _____

Your signature _____

Your address _____

Your institution or organization name _____

Telephone (_____) _____ Email _____

Date _____

B. Knowledge of the applicant

1. How long have you known the applicant? ____ Years ____ Months
2. How well do you know the applicant? Casually Well Very Well
3. Describe the applicant’s involvement in their local church or his/her current ministry setting.

C. Ability of the applicant

	Below average	Average	Somewhat above average	Good	Very Good	Truly exceptional	N/A
Christian Commitment							
Leadership Potential							
Research/Study skills							
Writing Skills							
Persistence							
Ability to work with others							
Social skills							
Emotional Competence							
Integrity/Character							

1. Please tell us any information related to the character, temperament or physical and mental health that should be considered by an Admissions Committee in considering the applicant for advanced theological study.

2. Would you recommend this person as a candidate without reservation? If no, or with reservations, please explain.

3. Please comment on the candidate’s depth of Christian commitment, relationship to the church, gifts for ministry, community involvement, ability to serve others and other pertinent information you believe to be important to the Admissions Committee in considering this applicant. Attach any additional pages you require.
