

# 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](http://theology.mercer.edu). Masters students should request their three recommendations from a Pastor, Church Leader, and Professor/Supervisor.

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.  
 M.A.C.M. Online  D.Min.

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  
HARDEMAN\_LN@MERCER.EDU

### Please complete the sections A-C.

#### A. 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. Please identify your relationship to the applicant.  Pastor  Church Leader  Professor  Supervisor  
 Other \_\_\_\_\_
4. Describe the applicant's involvement in their local church or his/her current ministry setting.

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**B. 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.

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2. Would you recommend this person as a candidate without reservation?

If no, or with reservations, please explain.

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**C.** 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.

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Your name \_\_\_\_\_ Title \_\_\_\_\_

Your signature \_\_\_\_\_

Your address \_\_\_\_\_

Your institution or organization name \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_