Graduate Theological Union

Recommendation for Doctoral Admission

Application Deadline: December 15 Please type or print

To be completed by the Applicant

Name _____
Legal family name (surname) First Middle

In accordance with the provisions of the Federal Education and Privacy Act of 1974, you have the right, *if you enroll* in the doctoral program at the GTU, to see your letters of recommendation unless you have explicitly waived that right.

☐ I waive my right of access to this recommendation. ☐ I do not waive my right of access to this recommendation.

To be completed by the Recommender

Recommender's Name & Title _____

Institution & Address _____

How long and in what capacity have you known the applicant? _____

_____

Overall Academic Evaluation

☐ Recommend most enthusiastically
☐ Recommend strongly
☐ Recommend with confidence
☐ Recommend
☐ Recommend with reservation
☐ Not recommended
☐ Unable to rate adequately

Written Evaluation

On a separate sheet of paper, please state your estimation of the applicant's capacity for graduate work, highlighting both assets and liabilities that would be helpful for an academic advisor to know, and indicating how the applicant compares with other students you have recommended for graduate study in the same field. If the applicant's native language is not English, please comment on the applicant's English proficiency.

Please seal your recommendation letter and this form in the envelope provided by the applicant, sign across the seal, and return it to the applicant for enclosure with other required materials. If you prefer to mail the recommendation directly to the GTU, address the envelope to: Admissions Office, Graduate Theological Union, 2400 Ridge Road, Berkeley, CA 94709. If you should choose to fax the recommendation, the fax number is 510-649-1730. (Please also send the original by mail). The GTU admissions office can be reached at 510-649-2460, or by email at *gtuadm@gtu.edu*.

Recommender's Signature _____ **Date**: _____