

## LETTER OF RECOMMENDATION

## **CHECK ONE:** Academic Recommendation I Ministerial Recommendation

## NAME OF THE PERSON ON BEHALF OF WHOM YOU WRITE THIS LETTER:

## CONTACT INFORMATION OF THE PERSON WRITING THE RECOMMENDATION:

Full Name:				
			City:	
State:	Zip Code:	Country:		
Email Address:				
Mobile Phone:	Home Phone:	V	Vork Phone:	

Evaluate the applicant mentioned above. This recommendation is confidential and will be destroyed after completing the admission process. Please answer all the questions. The application is considered incomplete if it does not contain all your contact information. Mail the recommendation to our Admissions Office or send it by email to: mpoe@cooleyseminary.org.

Answer the following questionnaire. Mark the correct answer with a check mark ( $\checkmark$ ).

1. How long have you known the applicant?

Less than a year	2-5 years	🔲 6-10 years	More than 10 years
Less than a year			

2. What is the nature of your relationship?

□ Pastor □ Teacher/Mentor

3. How would you assess the applicant's abilities in the following areas?

Ability	Not Observed	Weak	Average	Good	Outstanding
Intellectual					
Collaboration					
Maturity					
Ingegrity					
Intellectual Curiosity					
Leadership					
Reliability/Responsibility					
Oral Communication					
Written Communication					
Research					

4	Describe the Christian character and ministry potential that you believe characterizes the person you are
	recommending. If necessary, write your comments on an additional sheet.


5. Would your recommend this applicant?

- □ I do not recommend him/her.
- □ I recommend him/her with reservations.
- □ I recommend him/her with enthusiasm..

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Robert E. Cooley Theological Seminary (CTS) does not discriminate on the basis of race, gender, national or ethnic origin, age, disability, or veteran status. If you have further questions about our admissions policy, write to mpoe@cooleyseminary.org or call 864-423-4292.