RECOMMENDATION FOR ADMISSION

CENTER FOR FAITH AND CULTURE • GRADUATE PROGRAMS

Part I. To be completed by the applicant

RECOMMENDATION FOR: ❑ Master of Arts in Faith and Culture ❑ Certificate in Faith and Culture

Name _____ SSN# _____

I hereby waive my constitutional right under the provision of the Family Educational and Privacy Act of 1974, to inspect and read this confidential recommendation.

Signed _____ Date: _____

Part II. To be completed by the respondent

In what capacity, and for how long, have you known the applicant?

_____

Please rate the applicant in the following categories in relation to graduate studies and/or work experience.

	OUTSTANDING TOP 10%	STRONG TOP 25%	AVERAGE 2nd QUARTILE	WEAK 3rd or 4th QUARTILE
Motivation & initiative	❑	❑	❑	❑
Intellectual ability	❑	❑	❑	❑
Oral expression	❑	❑	❑	❑
Written expression	❑	❑	❑	❑
Working with others	❑	❑	❑	❑
Emotional maturity	❑	❑	❑	❑
Potential in field	❑	❑	❑	❑

In the space below, please provide any additional comments concerning the applicant's character, goals and any other pertinent information that may assist us in judging the applicant's academic or managerial potential in his/her chosen field. If an additional page is necessary, please attach it to this form.

_____

_____

_____

_____

_____

_____

_____

_____

❑ I strongly recommend ❑ I recommend ❑ I do not recommend

Name _____ Position _____
(please print)

Affiliation _____

Address _____
street *city* *state* *zip*

Signed _____ Date _____

Please return to: ADMISSIONS COMMITTEE, CENTER FOR FAITH AND CULTURE, UNIVERSITY OF ST. THOMAS,
3800 MONTROSE BLVD., HOUSTON, TX 77006-4626