



421 North 7<sup>th</sup> Street, Suite 700, Philadelphia, PA 19123

**ACADEMIC OR PROFESSIONAL RECOMMENDATION FORM**

**TO THE APPLICANT**

Please give this form to a professor or a professional supervisor or co-worker who will provide an objective assessment of your character and abilities (Note: ThM applicants are to submit an academic recommendation, not a professional recommendation). First, enter your full name below and indicate the year and program for which you are applying. Sign the "Optional Waiver of Rights" if you wish to make this recommendation confidential by waiving your right to access it. Forward this form to the recommender, to be returned to address above, your admissions counselor, or [admissions@missio.edu](mailto:admissions@missio.edu).

Name (Last, First, Middle): \_\_\_\_\_ Sex:  Male  Female  
Intended start term:  Fall 20\_\_\_\_  Spring 20\_\_\_\_\_

**Academic program for which you are applying:**

**Master of Divinity Track Courses:**

- Biblical Language  Urban Ministry  Pastoral Ministry  Missiology  Counseling Concentration

**Master of Arts:**  MA in Counseling  MA in Ministry  MA Biblical Studies  MA Missional Theology

**Master of Theology**

- Certificate:**  Certificate in Biblical Studies  Certificate in Christian Counseling  
 Certificate in Missional Theology  Certificate in Advanced Professional Counseling  
 Diploma Program  PULPIT Program

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**OPTIONAL WAIVER OF RIGHTS** (*Under the Family Educational Rights & Privacy Act of 1974*)

I hereby waive my right of access to this evaluation form, when completed, and understand that this confidential recommendation is to be used only in consideration of my application to MISSIO Seminary.

Signature \_\_\_\_\_

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**TO THE RECOMMENDER**

The above named person is applying to MISSIO Seminary and has requested that your recommendation be included as part of the information on which our Admissions Office will base its decision. Please provide your assistance by answering the questions below. When completed, please mail this form directly to MISSIO Admissions Office at the address shown above.

1. How long have you known the applicant and in what capacity?
2. What characteristics do you consider to be the strengths of the applicant?
3. Please describe the area(s) that you feel the applicant has room for growth?
4. How thoroughly do you think the applicant has thought out plans for graduate theological study?
5. MISSIO Seminary seeks applicants who demonstrate potential for Christian ministry and related professions. Please comment on the applicant's potential and commitment for a religious vocation.

6. What would you say are the applicant's gifts?

Please give us your appraisal of the applicant in terms of the qualities listed below:

ABILITIES AND TRAITS	Superior	Good	Average	Poor	Not Observed
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental and emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for MISSIO Seminary?

Highly recommend  Recommend  Recommend with reservation  Do not recommend

Name of Recommender \_\_\_\_\_

Position or Title \_\_\_\_\_

School, Church, or Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature of Recommender \_\_\_\_\_

**Thank you for your assistance. Please return this form to MISSIO Admissions Office at the address shown at the top of this document.**