

THE CENTER FOR RELIGION AND ADVANCED SPIRITUAL STUDIES
SEMINARY DIVISION
229 East 85th - #1347
New York, NY 10028
spiritcentral.org
(212)828-0464

LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT

NAME (print)	SIGNATURE	DATE

ADDRESS	CITY	STATE	ZIP

Please provide your evaluator with a stamped, self-addressed envelope so that the recommendation can be returned directly to you and included in your application packet. Applicants who waive their right of access must submit recommendations in an envelope that is sealed and signed by the evaluator.

Provisions of the Family Education Rights and Privacy Act of 1974 give you the right to retain or waive access to this recommendation. The Admissions committee does not require waiving of access. Indicate below whether or not you waive or retain your right of access to this recommendation.

Indicate your choice:

I retain my right of access _____ I waive my right of access _____

TO BE COMPLETED BY THE EVALUATOR

Please see reverse side before writing the recommendation of 1-2 pages.

NAME

TITLE/POSITION

SCHOOL OR AGENCY

PHONE and/or EMAIL ADDRESS

SIGNATURE and DATE

____ Are you a graduate of the Seminary? ____ Have you taken any of the Seminary's offerings?

I would _____ Recommend strongly _____ Recommend
_____ Recommend with reservation _____ I do not recommend

In your letter of recommendation please address the following:

- *In what capacity do you know the applicant?*
- *Why do you feel the applicant will benefit from the Degree Program?*
- *How will the Program benefit by admitting applicant?*

Thank you for your time and effort on behalf of the applicant.