

JESUIT SCHOOL OF THEOLOGY

at Berkeley

LETTER OF RECOMMENDATION

TO THE APPLICANT

Complete the information below and give this form to your recommender.

Applicant's Name _____
LAST (Family name) *FIRST (Given name)* *MIDDLE* *SUFFIX*

Degree program to which you are applying _____

In accordance with provisions of the Federal Education and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they explicitly waive that right.

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

Applicant's Signature _____ Date _____

TO THE RECOMMENDER

Name of Recommender _____ Position _____

Institution & Address _____

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

ACADEMIC EVALUATION

- Recommend strongly
- Recommend
- Recommend with reservation
- Not recommended
- Unable to make academic recommendation

WRITTEN EVALUATION

Letters of recommendation play an important role in the admissions process at the Jesuit School of Theology at Berkeley. We appreciate your candid assessment of the applicant's academic and personal qualifications for the program designated.

Please attach your letter to this form and send it directly to: **Office of Admissions, Jesuit School of Theology at Berkeley, 1735 LeRoy Avenue, Berkeley, CA 94709.** You may FAX the recommendation to **510.841.8536** (please send the signed original by mail.) You may contact the Office of Admissions at **510.549.5016** or by email at **admissions@jstb.edu**.

Recommender's Signature _____ Date _____