## **Union Theological Seminary**

Office of Admissions 3041 Broadway New York, NY 1102

Please return the complete form and any/all additional materials to the above indicated address in a sealed envelope bearing your signature The person who sent you this form is applying to Union Theological Seminary and has requested that your recommendation be included as part of the information on which our Admissions Committee will base its decision. Your assistance to the Admissions Committee by providing responses to the questions on the recommendation form will be very helpful.

## **RECOMMENDATION FORM**



## **APPLICANT INFORMATION**

Applicant's Last Name	First Name	Middle Name/Initial	
Applicant's Birth Date (M/D/YYYY)			

## LETTER OF RECOMMENDATION

On a separate sheet(s) of paper, please provide answers to the questions below. Please feel free to enclose a letter with additional information. When you have completed both this form and separate sheet(s), kindly enclose these items (including a letter with additional information if applicable) in an envelope. Please seal the envelope and sign across the envelope seal to ensure confidentiality and return it to the above indicated address. If you have any questions please feel free to contacts us at admissions@uts.columbia.edu

- 1. How long have you known the applicant and in what capacity?
- 2. What characteristics do you consider to be the talents and strength of the applicant?
- 3. What characteristics do you consider to be the weakness of the applicant?
- 4. The applicant has elected to pursue graduate theological study on a non-matriculating basis. If you are able, please give your candid opinion at this time as to whether the applicant possesses the ability and qualifications to eventually matriculate in a program of graduate theological study.
- 5. Please provide any additional comments, which you believe, would be helpful to the Admissions Committee in assessing the candidate's application for study at Union.

Recommenders' Last Name	First Name	Middle Name/Initial
Recommender' Signature		Date (M/D/YYYY)
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