

Union Theological Seminary

Office of Admissions
3041 Broadway
New York, NY 1102

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



Please return the complete form and any/all additional materials to the above indicated address in a sealed envelope bearing your signature

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 contact 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. How thoroughly do you think the applicant has thought out plans for graduate theological study?
5. Union seeks applicants to the Doctor of Philosophy program who demonstrate outstanding ability and qualifications for graduate study as well as for teaching. Please give your candid opinion of the applicant's ability and qualifications in these areas. If possible, please compare the student with others known to you who have attended or are now applying for admission to Union, and kindly indicate whether you would admit this applicant to your own graduate program.
6. 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

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Date (M/D/YYYY)