

Pastor's Recommendation
(for Master of Divinity applicants)

TO THE APPLICANT: Please provide the information requested on the top of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to the following:

**Office of Admissions
New Brunswick Theological Seminary
17 Seminary Place
New Brunswick, New Jersey 08901-1196**

Name of Applicant _____

Degree Sought _____ Person writing recommendation _____

I hereby _____ WAIVE _____ DO NOT WAIVE my right to access to this recommendation in the event that I become a student at the institution and am accorded this right.

Applicant's signature _____ Date _____

Applicant's email _____

Please comment briefly below, indicating the ways in which you know the applicant and the relationship that has formed the basis of your judgment. We will appreciate your candid evaluation of the applicant's intellectual ability, maturity, sense of responsibility, character, emotional stability, and any other factors that may determine readiness for graduate study in Theology and effectiveness in a position of leadership in ministry.

Signed _____ Date _____

Name Printed _____

Title/Position _____

Address _____ Phone _____

_____ E-Mail _____