

UNIVERSITY OF DALLAS

School of Ministry

Letter of Recommendation Form

Form must accompany actual Letter of Recommendation

TO THE APPLICANT (Please type or print clearly)

Complete this section, including your signature, before giving the form to your recommender.

Reference from each of the following:

- Pastor
- Professor/Employer
- Lay Leader

NAME (Last/surname)

(First)

(Middle)

Degree Sought

Program:

- Theological Studies
 - ___ Concentration in Biblical Theology
- Religious Education
- Catholic School Leadership
- Catholic School Teaching with focus in:
 - ___ Teaching all subjects including religion
 - ___ Teaching religion in grades 6-8
 - ___ Teaching religion in grades 9-12
- Pastoral Ministry with focus in:
 - ___ Family Ministry
 - ___ Youth Ministry
 - ___ Health Care Ministry
 - ___ Pastoral Life & Admin.
 - ___ Hispanic Ministry
 - ___ Campus Ministry
 - ___ Church Management

Confidentiality

Under the provisions of the Family Educational Rights and Privacy Act of 1974, registered students and alumni have access to their educational records, including letters of recommendation for admission. The Act further provides that applicants may waive that right in order to offer confidentiality to those making a recommendation. Please indicate your decision in this matter and sign.

I WAIVE I DO NOT WAIVE any right to access this recommendation form.

Signature: _____ Date: _____

